MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4275



MAXIMUS Case Number:



CM20-0178015

Document Type Requested:



Medical Records

Participant:



PRTIDCLAIMS ADMINISTRATOR

Notice of Assignment sent:

December 21, 2020

IMPORTANT!

Attach this page to any documents sent to MAXIMUS regarding this case.

Documents sent without this cover page may not get attached to this case.

Please indicate the document type attached (Medical records, settlement letter, etc.)
Document(s):
Do not include information regarding another case with this cover page



December 22, 2020

Maximus Federal Services, Inc. Independent Medical Review P.O. Box 138009 Sacramento, CA 95813-8009

Re: Claimant:

Jonathan Shockley

Claim #: DOI: 040519008736

Date of UR Decision:

02/15/2019 11/20/2020

IMR Application Received:

12/17/2020

Maximus Case Number:

CM20-0178015

Dear MAXIMUS Federal Service:

Pursuant to the Notification dated 12/21/20 we hereby submit the following documentation in compliance with LC 4610.5 and CCR 9792.10.4:

- Babak Jamasbi MD: RFA 11.13.20, Report 11.6.20, IMR 9.24.20, RFA 11.9.20, Report 11.6.20, RFA 7.13.20, Report 7.10.20, RFA 7.14.20, RFA 9.29.20, Report 9.25.20, RFA 9.11.20, RFA 9.8.20, Report 9.4.20, RFA 9.8.20, Report 7.10.20, RFA 8.13.20, Report 8.7.20, RFA 8.11.20, Report 8.7.20, RFA 6.19.20, Report 6.12.20, RFA 6.3.20, Report 5.29.20, RFA 6.4.20, RFA 4.27.20, Report 4.24.20
- Leonard Gordon MD: Report 7.22.20
- Script 5.20.20, Script 4.28.20
- Non-Cert 11.20.20, Cert 11.13.20, Cert 10.5.20, Cert 9.28.20, Cert 9.17.20, Cert 9.15.20, Cert 9.2.20, Cert 8.17.20, Non-Cert 7.21.20, Claims Auth 6.23.20, Cert 6.11.20, Cert 6.10.20, Cert 5.1.20
- RFA Deferrals: 6.23.20, 6.8.20, 5.26.20
- UR Deferrals: 8.18.20, 6.8.20
- UR History Report

As requested, I have attached the provider's request for treatment and the clinical information. I believe that we have responded to your request; however, should you have any additional questions, please do not hesitate to contact us.

Sincerely,

Utilization Review Department 714-385-8500 GM-ORCA-IMR NOA@corvel.com



Cc:

Farber & Co 333 Hegenberger Road #504 Oakland CA 94621

Colantoni, Collins, Marren, Phillips and Tulk 201 Spear Street #1100 San Francisco CA 94105

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review P.O. Box 138009 Sacramento, CA 95813-8009 (855) 865-8873 Fax: (916) 605-4275



Notice of Assignment and Request for Information

1471 MARIO CASTRO CHUBB & SON (WC) - LOS ANGELES, CA PO BOX 30850 LOS ANGELES, CA 90030

December 21, 2020

IMR Case Number:	CM20-0178015	Date of Injury:	02/15/2019			
Claims Number:	040519008736	UR Denial Date:	11/20/2020			
Priority:	STANDARD	Application Received:	12/17/2020			
Employee Name:	JONATHAN SHOCKLE	EY				
Provider Name:	BABAK JAMASBI MD					
Treatment(s) in	1. THERAPY: ACUPUNC	ΓURE X6 FOR CERVICAL SPINE, BIL	ATERAL UPPER ARMS,			
Dispute Listed on	RIGHT FOREARM, ULNA	AR NERVE LESION FOR				
IMR Application:						

Dear Parties:

The California Department of Industrial Relations' Division of Workers' Compensation has assigned MAXIMUS Federal Services to conduct an independent medical review for the above case.

Injured Workers or their Appointed Representatives:

- You may provide any documents in support of your request for medical items or services.
- If you choose to provide documents, they must be received by MAXIMUS Federal Services within 15 days of the date of this notice.
- If you provide to us documents that you have not previously provided to the Claims Administrator, you must provide copies to the Claims Administrator now.
- You should also expect to receive within 15 days of the date of this notice either copies or a list of the documents submitted to us by the Claims Administrator.

Treating Providers:

- You may provide any documents in support of your patients request for medical items or services.
- If you choose to provide documents, they must be received by MAXIMUS Federal Services within 15 days of the date of this notice.
- If you provide to us documents that you have not previously provided to the Claims Administrator, you must provide copies to the Claims Administrator now.

Claims Administrators:

- You must provide MAXIMUS Federal Services with copies of all documents listed on Attachment A (enclosed) within 15 days of the date of this notice.
- If you provide to us copies of documents that you have not previously provided to the Injured Worker, you must provide copies to the Injured Worker now.

- If copies of the documents have previously been provided to the Injured Worker, you are required to send to the Injured Worker only a list of the documents being provided to us.
- To help us with our medical record review process, please also provide us with a list of the documents you are submitting to MAXIMUS Federal Services.
- If you contend there are grounds upon which this request for IMR should be deemed ineligible, please submit documentation supporting your contention with your response to this request for information. Please note, however, that any objections to IMR eligibility do not relieve you of the statutory requirement to submit the documents set forth in Attachment A. You should therefore submit objections to IMR eligibility in addition to not in place of the documents requested by and through this letter.

How to submit documents:

- (1) Facsimile to (916) 605-4275;
- (2) U.S. Postal Service mail; or
- (3) Delivery Service.

For U.S Postal Service Use MAXIMUS Federal Services Independent Medical Reviews P.O. Box 138009 Sacramento, CA 95813-8009 For Delivery Service Use MAXIMUS Federal Services Independent Medical Reviews 625 Coolidge Drive, Suite 100 Folsom, CA 95630-3198

BOTH PARTIES: PLEASE BE SURE TO INCLUDE THE MAXIMUS CASE NUMBER WITH EACH DOCUMENT SUBMISSION. FAILURE TO DO SO MAY DELAY THE IMR PROCESS.

What Happens Next? Once the deadline for submitting documents has passed, MAXIMUS Federal Services will conduct a review of the documents submitted to verify that all of the required documents have been received. The complete case file will then be sent for an independent medical review by a doctor. In almost all cases, MAXIMUS Federal Services will send you a letter with this doctor's decision within 45 days from the date of this notice.

Additional information regarding the independent medical review process is available online at http://www.dir.ca.gov/dwc/IMR.htm

Encl

ATTACHMENT A: DOCUMENTS THAT MUST BE SUBMITTED BY THE CLAIMS ADMINISTRATOR

- (1) A copy of all of the employee's medical records, within six months prior to the date of the request for authorization, in the possession of the employer or under the control of the employer relevant to each of the following:
 - (A) The employee's current medical condition;
 - (B) The medical treatment being provided by the employer;
 - (C) The disputed medical treatment requested by the employee; and
 - (D) A copy of any other relevant documents or information used by the employer or its utilization review organization in determining whether the disputed treatment should have been provided, and any statements by the employer or its utilization review organization explaining the reasons for the decision to deny, modify, or delay the recommended treatment on the basis of medical necessity.

(2) Other relevant documents:

- (A) A copy of all reports of the employee's treating physician relevant to the employee's current medical condition, including those that are specifically identified in the request for authorization or in the utilization review determination.
- (B) A copy of the adverse determination by the claims administrator notifying the employee and the employee's treating physician that the disputed medical treatment was denied or modified.
- (C) A copy of all information, including correspondence, provided to the employee by the claims administrator concerning the utilization review decision regarding the disputed treatment.
- (D) A copy of any materials the employee or the employee's provider submitted to the claims administrator in support of the request for the disputed medical treatment.
- (E) A copy of any other relevant documents or information used by the claims administrator in determining whether the disputed treatment should have been provided, and any statements by the claims administrator explaining the reasons for the decision to deny, modify, or delay the recommended treatment on the basis of medical necessity.
- (F) The claims administrator's response to any additional issues raised in the employee's application for independent medical review.

Pursuant to California Labor Code Section 4610.5(i), failure to submit all required documents could result in the assessment of administrative penalties up to \$5000.00.



Non-Certification Recommendation

CLAIM #:

040519008736

INSURED:

Biotelemetry, Inc. / Chubb & Son (WC) - Los

Angeles, CA

DOI:

02/15/2019

CARRIER/TPA:

Chubb & Son (WC) - Los Angeles, CA /

CLAIMANT: CORVEL#: Jonathan Shockley 139249073-UMO-34 ADJUSTER:

Mario Castro

11/20/2020

RFA Received Date:

Determination Date:

11/13/2020

Provider:

Babak Jamasbi, MD

Pre-cert #:

139249073-UMO-34

CorVel Corporation has been asked to review the below noted treatment request for medical necessity and appropriateness. After careful review of the submitted medical information, our Physician Advisor, Avrom Gart, MD, CA-G59372, who is board certified in Pain Medicine (Board Certified), PM&R (Board Certified), was unable to recommend the requested treatment. The non-certification decision was made on 11/20/2020.

THERAPY										
Determination	Type of Therapy	Total # Visits	Total Visits/ Week	Total Weeks	Body Part	CPT	Effective Date	Termination Date	Facility	
Requested	Acupuncture	6	0	0	Cervical spine, bilateral upper arms, right forearm, ulnar nerve lesion for unspecified limb	97813, 97814, 97026, 97124				
Non-Certified	Acupuncture	6	0	0	Cervical spine, bilateral upper arms, right forearm, ulnar nerve lesion for unspecified limb	97813, 97814, 97026, 97124	11/20/20	11/20/21		

Guidelines used in the determination process: MTUS-ACOEM-ODG. The clinical reasons regarding medical necessity, or lack of medical necessity, for non-certification are attached. Please note the utilization review process is mandatory and has been done in accordance with California Labor Code §4610. The Medical Treatment Utilization Schedule has been utilized in the determination process, as required in Title 8, California Code of Regulation 9792.6.1.

Any dispute shall be resolved in accordance with the independent medical review provisions of Labor Code section 4610.5 and 4610.6. An objection to the utilization review decision must be communicated by the injured worker, the injured workers representative, or the injured workers attorney on behalf of the



injured worker on the enclosed Application for Independent Medical Review, DWC Form IMR, within 30-calendar days of receipt of this decision.

You have the right to disagree with the decision affecting your claim. If you have any question about the information in this notice, please call your adjuster, Mario Castro, at (213) 612-0880. However if you are represented by an attorney, please contact your attorney instead of your adjuster.

For information about the workers' compensation claims process and your rights and obligations, go to www.dwc.ca.gov or contact an information and assistance (I&A) officer of the state Division of Workers' Compensation. For recorded information and a list of offices, call toll-free 1-800-736-7401.

The appeals process is on a voluntary basis. Should the requesting medical provider wish to appeal the non-certification or modification decision, and/or have additional pertinent medical information which has not previously been submitted for review. You may submit a request for appeal to CorVel Corporation or the claims administrator, You may include any additional clinical information if you have any. This will be reviewed by a different reviewing physician. Requests for appeal need to be sent to CorVel Corporation or the claims administrator within ten (10) days after the receipt of the utilization review decision. A response to your appeal will be rendered within thirty (30) days after receipt of the request. Requests for appeal do not replace the objection process noted above and are voluntary.

In accordance with regulation section 9792.1(e)(5)(K), if the requesting physician wishes to speak to the reviewing physician regarding this determination, you can call (714)385-8500 to arrange an agreed upon scheduled time between the hours of 8:30a.m. to 5:30p.m. Monday through Friday (PST). Should the reviewing physician be unable to speak with you, another reviewer who is competent to evaluate the specific clinical issues involved in the medical treatment services will be made available.

Sincerely,

Anastasia Skenandore RN, CCM Utilization Management Department

cc: Office Copy

Mario Castro
Jonathan Shockley
Farber & Co

Colantoni, Coll Marren, Phillips and

Hulbert, Barbara

NOTE

Please attach a copy of this recommendation letter with your bill; otherwise, payment may be delayed.

Utilization review does not include determinations of employer liability of the work injury, or of bill review for the purpose of determining whether the medical services were accurately billed.

State of California, Division of Workers' Compensation

APPLICATION FOR INDEPENDENT MEDICAL REVIEW

DWC Form IMR

TO REQUEST INDEPENDENT MEDICAL REVIEW:

- 1. Sign and date this application and consent to obtain medical records.
- Mail or fax the application and a copy of the written decision you received that denied or modified the medical treatment requested by your physician to:
 DWC-IMR, c/o Maximus Federal Services, Inc., P.O. Box 138009, Sacramento, CA 95813-8009 FAX # (916) 605-4270
- 3. Mail or fax a copy of the signed application to your Claims Administrator.

Type of Utilization Review: 🔲 Regular 🔲 Expedited	Modification after appeal
Employee Name (First, MI, Last): Jonathan Shockley	
Address: 1000 Sutter St. San Francisco, CA 94109	
Phone Number: (415) 312-4029	Employer: Biotelemetry, Inc.
Claim Number: 040519008736	Date of Injury (MM/DD/YYYY): 02/15/2019
WCIS Jurisdictional Claim Number : 2019022115295475087374	EAMS Case Number (if applicable): NA
Employee Attorney (if known): Farber & Co	
Address: 333 Hegenberger Road #504 Oakland, CA 94621	
Phone Number:	Fax Number:
Requesting Physician Name (First, MI, Last): Babak Jamasbi, M Practice Name:	D Specialty:
Address: 1335 Stanford Ave. Emeryville, CA 94608	
Phone Number: (510) 647-5101	Fax Number: (510) 647-5105
Claims Administrator Name: Chubb & Son (WC) - Los Angeles,	
Adjuster/Contact Name: Mario Castro	
Address: PO Box 30850 Los Angeles, CA 90030 90030	
Phone Number: (213) 612-0880	Fax Number:
Disputed Medical Treatment (Complete below section)	
Primary Diagnosis (Use ICD Code where Practical):	
Date of Utilization Review Determination Letter: 11/20/2020	
Is the Claims Administrator disputing liability for the requeste	d medical treatment besides the guestion of medical
necessity? Yes No Reason:	•
List each specific requested medical services, goods, or items	that were denied or modified in the space below. Use
additional pages if the space below is insufficient.	·
1. Therapy: Acupuncture x6 for cervical spine, bilateral u	pper arms, right forearm, ulnar nerve lesion for
Request for Review and Consent to Obtain Medical Records	
I request an independent medical review of the above-described recapplication to the claims administrator named above. I allow my he records and information relevant for review of the disputed treatme organization designated by the Administrative Director of the Divisional medical, diagnostic imaging reports, and other records related to medical.	ealth care providers and claims administrator to furnish medical ent identified on this form to the independent medical review sion of Workers' Compensation. These records may include y case. These records may also include non-medical reports and ing HIV status, unless infection with or exposure to HIV is claimed

Employee Signature:

Date:

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR INDEPENDENT MEDICAL REVIEW FORM

If your workers compensation claims administrator sent you a written determination letter that denied or modified a request for medical treatment made by your treating physician, you can request, at no cost to you, an Independent Medical Review (IMR) of the medical treatment request by a physician who is not connected to your claims administrator. If the IMR is decided in your favor, your claims administrator must give you the service or treatment your physician requested.

IF YOU DECIDE NOT TO PARTICIPATE IN THE IMR PROCESS YOU MAY LOSE YOUR RIGHT TO CHALLENGE THE DENIAL, DELAY, OR MODIFICATION OF MEDICAL TREATMENT REFERRED TO ON PAGE ONE OF THE APPLICATION FOR INDEPENDENT MEDICAL REVIEW.

You can request independent medical review by signing and submitting this form with a copy of the written determination letter that denied or modified the medical treatment requested by your physician. You must also send a copy of the signed application to your claims administrator.

- The information on the form was filled in by your claims administrator. If you believe that any of the information is incorrect, submit a separate sheet that provides the correct information.
- If you wish to have your attorney, treating physician, parent, guardian, relative, or other person act on your behalf in filing this application, complete the attached authorized representative designation form and return it with your application. This person may sign the application or you and submit documents on your behalf.
- If the recommended medical treatment that was denied or modified must be provided to you immediately because you are facing an imminent and serious threat to your health and your claims administrator did not perform an expedited or rushed review on your physician's request, this application **must** be submitted with a statement from your physician, supported by medical records, that confirms your condition.
- Mail or fax the application and a copy of the utilization review decision to:

DWC-IMR, c/o Maximus Federal Services, Inc. P.O. Box 138009, Sacramento, CA 95813-8009 FAX Number: (916) 605-4270

- Your IMR application, along with a copy of the written determination letter, must be received by Maximus Federal Services, Inc. within thirty-five (35) days from the mailing date of the written determination letter informing you that the medical treatment requested by your treating physician was denied or modified.
- Send a copy of the signed application to your Claims Administrator. You do not need to include a copy of the written determination letter.

Your Right to Provide Information

You have the right to submit either directly or through your treating physician, information to support the requested medical treatment. Such information may include:

- Your treating physician's recommendation that the requested medical treatment is medically necessary for your medical condition.
- Reasonable information and documents showing that the recommended medical treatment is or was medically necessary, including all documents or records provided by your treating physician or any additional material you believe is relevant.
- Evidence that the medical guidelines relied upon to deny or modify your physicians requested medical treatment does not apply to your condition or is scientifically incorrect.
- If the medical treatment was provided on an urgent care or emergency basis, information or justification that the requested medical treatment was medically necessary for your medical condition.

If you have any questions regarding the IMR process, you can obtain free information from a Division of Workers' Compensation (DWC) information and assistance officer or you can hear recorded information and a list of local offices by calling toll-free I -800-736-7401. You may also go to the DWC website at www.dwc.ca.gov.DWC Form IMR (Effective 2/2014)

Authorized Representative Designation for Independent Medical Review (To accompany the Application for Independent Medical Review, DWC Form IMR)

Employee Name (Print):	
I wish to designate		
Name of Individual (Pr	int):	
any notice or request behalf. I further aut Organization designate individual on my behal to designate anyone to time by notifying the	in connection with morize the Division of the Division of fregarding my Applicated in the my and I wish to be my and I wish to be worken	on for Independent Medical Review. I authorize this individual to receive my appeal, and to provide medical records or other information on my of Workers' Compensation, and the Independent Medical Review f Workers' Compensation to review my application, to speak to this ation for Independent Medical Review. I understand that I have the right uthorized representative and that I may revoke this designation at any res' Compensation or the Independent Medical Review Organization pensation to review my application.
In addition to designa	ting the above-name	ed individual as my authorized representative, I allow my health care
treatment to the inde Workers' Compensation to my case. These recommendation allow the independent information sent by m	dministrator to furnistrator to furnistrator to furnistrator or furnistrator or furnistration or furnistrator	sh medical records and information relevant for review of the disputed enization designated by the Administrative Director of the Division of y include medical, diagnostic imaging reports, and other records related e non-medical records and any other information related to my case. I designated by the Administrative Director to review these records and ors and treating physicians. My permission will end one year from the end my permission sooner if I wish.
treatment to the inde Workers' Compensation to my case. These recommendation allow the independent information sent by m	dministrator to furnistrator to furnistrator to furnistrator or furnistrator or furnistration or furnistrator	sh medical records and information relevant for review of the disputed enization designated by the Administrative Director of the Division of a include medical, diagnostic imaging reports, and other records related a non-medical records and any other information related to my case. It designated by the Administrative Director to review these records and cors and treating physicians. My permission will end one year from the



Physician Peer Review

Account No: 577058.1

Requesting Physician: Babak Jamasbi, MD

Patient Name: Jonathan Shockley

DOS: 11/20/2020 DOI: 02/15/2019

Claim No: 040519008736

Reviewing Physician:

Avrom Gart, MD

Pain Medicine (Board Certified)
PM&R (Board Certified)
CA-G59372, CO-0045996, CT-64820, LA-206746, MS-23829, NY-158934, OK-35596, TN-45545, TX-N0778

REQUESTED PROCEDURE/SERVICE

DETERMINATION

1. Acupuncture x6 for cervical spine, bilateral upper arms, right NON-CERTIFY forearm, ulnar nerve lesion for unspecified limb

TELEPHONE COMMUNICATIONS

11/19/20 15:00 -	Admin called (510) 647-5101 and I was unable to get a clear connection with Angela, the Medical Receptionist.
11/19/20 15:00 -	Admin called (510) 647-5101 and I was disconnected mid-call.
11/19/20 15:15 -	Admin called (510) 647-5101 and I was disconnected mid-call.
11/20/20 13:45 -	Admin called (510) 647-5101 and the answering machine said the office is not accepting any calls at this time; it did not provide an option to leave a message.
11/20/20 13:45 -	Admin called (510) 647-5101 and the answering machine said the

option to leave a message.

office is not accepting any calls at this time; it did not provide an

City:	State:		Zip Code:	
Phone Number:		Fax Number:		
State Bar Number (if applicable):				
Representative Signature:			Date:	

DWC Form IMR (Effective 2/2014)

Jonathan Shockley Pacific Worker

Page 2

For the current review, I reviewed the following medical records in their entirety:

11/13/20 Dr. Jamasbi RFA 11/09/20 Dr. Jamasbi Prescription 11/06/20 Dr. Jamasbi Report 09/24/20 IMR Determination Letter 07/22/20 Dr. Gordon Report 07/21/20 Peer Review Utilization Review Determination Report

REQUESTED SERVICES: Acupuncture x6 for cervical spine, bilateral upper arms, right forearm, ulnar nerve lesion for unspecified limb [NON-CERTIFY]

CLINICAL HISTORY

According to the medical records, the patient is a 42-year-old male who sustained an industrial injury on February 15, 2019. He has been diagnosed with cervical disc disorder with radiculopathy, bilateral upper arm soft tissue disorders related to use, overuse and pressure, and lesion of ulnar never of unspecified upper limb. His comorbidities include bronchitis, eczema, epilepsy, anxiety and sympathectomy in 2000. His previous treatments include medications, physical therapy, acupuncture, massage therapy, hand therapy, and aquatic therapy. He is a non-smoker and does not consume alcohol. The patient is not currently working. It is of note that a total of 42 sessions of acupuncture has been authorized since November 2019.

The utilization review determination report indicated that the request for 12 sessions of acupuncture for bilateral hands, lower arms, and wrists was certified on March 10, 2020. Also, the request for 12 sessions of acupuncture for bilateral lower arms was certified on June 10, 2020.

A peer review on July 21, 2020, non-certified the request for 12 sessions of acupuncture for bilateral hands, wrists and forearms, since there was no documentation of significant functional improvement with prior acupuncture.

On July 22, 2020, Dr. Gordon indicated that the patient had been sent for acupuncture treatment by Dr. Jamasbi, which provided him with temporary relief.

An IMR Final Determination Letter dated September 24, 2020, upheld the July 21, 2020, UR decision to non-certify the request of 12 sessions of acupuncture for bilateral hands, wrists and forearms, as although it was reported prior acupuncture care was beneficial in reducing symptoms, there was no documentation of medication intake reduction, or activities of daily living and range of motion improvement. After an unknown number of prior acupuncture sessions, the provider failed to document the areas previously treated, the total number of sessions completed and any measurable, progressive, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture. In addition, the request was for additional 12 sessions of acupuncture, a number that exceeded the guidelines significantly for continuation of care, without extraordinary circumstances documented to consider this case as an outlier to the guidelines. Additionally, there was no clear documentation indicating whether the patient was currently undergoing an independent exercise program (conditioning-aerobic-stretching exercise program based on patient's tolerance), which was required by the guidelines. Therefore, based on the lack of documentation demonstrating medication intake reduction, work restrictions reduction, activities

Jonathan Shockley Pacific

of daily living improvement directly attributable to prior acupuncture or reporting any extraordinary circumstances to override the guidelines recommendations, additional 12 sessions of acupuncture was not medically necessary.

Dr. Jamasbi performed a telemedicine evaluation (due to COVID-19 pandemic) of the patient on November 6, 2020, for pain in his arms and bilateral hands, worse on the right. The patient also complained of pain in the right deltoid region, shoulder and neck. It radiated to hands and wrists up to his elbows. The pain was associated with numbness and tingling in his right fourth and fifth digits. It was aggravated by activity and it was alleviated by conservative treatment. The patient had been attending acupuncture therapy with benefit. Massage therapy had exacerbated his pain and he had failed gabapentin that caused extreme fatigue. It was noted that the patient had been approved for 6 sessions of aqua therapy, but these were on hold since no pool was open due to the pandemic. The patient's current medications included lidocaine cream, Voltaren gel, Advil and aspirin. It was also noted that the patient had a QME with Dr. Stoller on January 23, 2020, who indicated that he was not yet maximally medically improved and had recommended upper extremity EMG and cervical spine MRI to rule out radiculopathy. An EMG on February 10, 2020, showed demyelinating ulnar mononeuropathy bilaterally across the elbow, without any evidence of median, radial or cervical radiculopathy on either side. An MRI of the cervical spine dated April 3, 2020, demonstrated a 4 mm left disc osteophyte at C5-C6 causing severe bilateral neuroforaminal stenosis as well as a left paracentral disc protrusion at C6-C7, mild central stenosis from C5-C7. There was severe bilateral neuroforaminal stenosis at C5-C6 that might be contributing to the right shoulder and deltoid pain.

The physician requested authorization for 6 sessions of acupuncture. The physician also recommended one refill each of Voltaren 1% gel #100 and lidocaine 5% ointment #60. The patient was to follow up in 4 weeks. The patient was placed on modified duty with work restrictions.

RECOMMENDATIONS

In this case, the patient has been authorized for 42 sessions of acupuncture which significantly exceeds guideline recommendations of a maximum of 12 sessions. Despite a substantial amount of acupuncture, the records do not establish associated significant sustained pain relief or any quantifiable functional improvements. The patient remains off work. IMR recently determined that additional acupuncture is not medically necessary and appropriate. Therefore, my recommendation is to NON-CERTIFY the request for Acupuncture x6 for cervical spine, bilateral upper arms, right forearm, ulnar nerve lesion for unspecified limb.

GUIDELINES / REFERENCES

CA MTUS Treatment Guidelines (December 1, 2017)

Chronic Pain Guideline (ACOEM May 15, 2017)

Allied Health Interventions

Acupuncture for Chronic Persistent Pain Recommended.

Acupuncture is recommended to treat chronic persistent pain. (See other guidelines for specific disorders, especially for low back pain.)

Strength of Evidence – Recommended, Insufficient Evidence (I)

Jonathan Shockley Page 4

Level of Confidence - Low

Indications: Chronic persistent pain, especially torso pain. Patients should have had NSAIDs and/or acetaminophen, stretching and aerobic exercise instituted and have insufficient results. Acupuncture may be considered as a treatment for chronic persistent pain as a limited course during which time there are clear objective and functional goals to be achieved. Consideration is for time-limited use in patients with chronic persistent pain without underlying serious pathology as an adjunct to a conditioning program that has both graded aerobic exercise and strengthening exercises. Acupuncture is only recommended to assist in increasing functional activity levels more rapidly and the primary attention should remain on the conditioning program. In those not involved in a conditioning program, or who are non-compliant with graded increases in activity levels, this intervention is not recommended.

Benefits: Potential to improve pain control and advance functional exercises and conditioning. Harms: Negligible in experienced hands. Pneumothoraces have occurred and puncture of other internal organs has occurred.

Frequency/Dose/Duration: Evidence does not support specific Chinese meridian approaches, as needling the affected area appears sufficient. Patterns used in quality studies ranging from weekly for a month to 20 appointments over 6 months. However, the norm is generally no more than 8 to 12 sessions. An initial trial of 5 to 6 appointments is recommended in combination with a conditioning program of aerobic and strengthening exercises. Future appointments should be tied to improvements in objective measures and would justify an additional 6 sessions, for a total of 12 sessions.

Indications for Discontinuation: Lack of improvement, lack of compliance with exercises, lack of incremental functional gain at the end of a treatment course, intolerance.

Rationale: There are multiple quality trials of acupuncture for treatment of many disorders, especially of low back pain (see Low Back Disorders Guideline). There are no quality trials evaluating acupuncture for treatment of non-specific chronic persistent pain.

Evidence: There are no quality studies evaluating acupuncture for the treatment of chronic persistent pain.

Acupuncture/Electroacupuncture

Not Recommended.

Acupuncture or electroacupuncture are not recommended to treat neuropathic pain.

Strength of Evidence – Not Recommended, Evidence (C)

Level of Confidence – Low

PHYSICIAN ATTESTATION

- This report has been dictated using Dragon Medical voice recognition software and is therefore subject to transcription variance.
- I attest that I have the scope of licensure or certification that typically manages the
 medical condition, procedure, treatment, or issue under review, and have current relevant
 experience and/or knowledge to render a determination on this case under review. My
 license or certification is current and unrestricted. I have at least five years of
 accumulative full-time equivalent experience providing direct clinical care to patients over
 the length of my career.

Jonathan Shockley Page 5

 The opinions expressed in this report are those of this evaluator and were rendered on the basis of documentation provided (outlined above) and are assumed as true and correct to the best of my knowledge except that as indicated was received from others.

- I certify that I have no material, professional, familial, or financial conflict of interest regarding any of the following: the referring entity: the insurance issuer or group health plan that is subject of the review; the covered person whose treatment is the subject of the review and the covered person's authorized representative, if applicable; any officer, director or management employee of the insurance issuer that is the subject of the review; any group health plan administrator; plan fiduciary, or plan employee; the healthcare provider, the health care provider's medical group or independent practice association recommending the health care service or treatment that is subject of the review; the facility at which the recommended health care service or treatment would be provided; the developer or manufacture of any principal drug, device, procedure, or other therapy being recommended for the covered person whose treatment is under review, or the alternative therapy, if any, recommended by the employer; the employee or the employee's immediate family, or the employee's attorney. I do not accept compensation for review activities that is dependent in any way on the specific outcome of the case. To the best of my knowledge, I was not involved with the specific episode of care prior to referral of the case for review.
- In the case of an appeal or re-review, I certify that I have identified the name of the
 physician who conducted the initial review, and that I have no subordinate relationship
 with that individual.

UR Check off List

ADJ RCVD:

11/13/2020

5 DAY DUE DATE:

11/20/2020

UR RCVD:

11/13/2020

CLAIM #:

040519008736

CLAIMANT:

Jonathan Shockley

CorVel #:

139249073-UMO-34

CM ASSIGNED

Anastasia Skenandore

Processor:

Sam

Review Type:

Prospective

QA Reviewer:

Samantha Nguyen

Category:

IMR

Jurisdiction:

California

WCIS#:

2019022115295475087374

Date of Injury:

02/15/2019

THERAPY								
ne of Therapy	Total # Visits	Total Visits/ Week	Total Weeks	Body Part	СРТ	Facility	Provider	Notes
puncture	6	0	0	Left - Upper Arm, Multiple Neck Injury, Right - Lower	97813, 97814, 97026, 97124			
		e of Therapy # Visits	e of Therapy # Visits/ Visits Week	e of Therapy # Visits/ Visits Week Weeks	puncture 6 0 0 Left - Upper Arm, Multiple Neck Injury,	puncture 6 0 0 Left - Upper 97813, Arm, Multiple 97814, Neck Injury, 97026, Right - Lower Arm, Right -	rpuncture 6 0 0 Left - Upper 97813, Arm, Multiple 97814, Neck Injury, 97026, Right - Lower Arm, Right -	Puncture 6 0 0 Left - Upper 97813, Arm, Multiple 97814, Neck Injury, Provider Provider Right - Lower Arm, Right - Lower Right - Lower Arm, Right - Lower Right - Lower Arm, Right - Lower Arm, Right - Lower Right - Lower Arm, Right - Lower Rig

EMPLOYEE:

Jonathan Shockley

EMPLOYER:

Biotelemetry, Inc.

Employee Address:

1000 Sutter St.

San Francisco, CA 94109

Social Security Number:

217-25-7160

Date of Birth:

09/27/1978

INSURER/CARRIER:

Chubb & Son (WC) - Los Angeles, CA / Chubb & Son (WC) - Los Angeles, CA /

Adjuster Address:

PO Box 30850,

Los Angeles, CA 90030

Adjuster:

Mario Castro

Adjuster Phone:

(213) 612-0880

Adjuster Email:

Mario.Castro@Chubb.com

Adjuster Fax:

PROVIDER:

Babak Jamasbi, MD

Provider Address:

1335 Stanford Ave.

Emeryville, CA 94608

Provider Ph / Fax:

(510) 647-5101 / (510) 647-5105

PLANTIFF ATTORNEY:

Farber & Co

Attorney Address:

333 Hegenberger Road #504

Oakland CA 94621

DEFENSE ATTORNEY:

Colantoni, Coll Marren, Phillips and

Attorney Address:

201 Spear Street #1100

San Francisco CA 94105

CASE MANAGER:

Hulbert, Barbara

Email address:

bhulbert@chubb.com

From:

DiPillo, Amy

To:

GM-ORCA-UR Referrals

Subject:

DUE 11/20 RFA therapy: Jonathan Shockley / 040519008736

Date: Attachments: Wednesday, November 18, 2020 4:22:54 PM

201113115318743392.pdf image003.png image005.png image002.png

From: Vega, Elena <Elena_Vega@CORVEL.com>
Sent: Wednesday, November 18, 2020 4:15 PM
To: DiPillo, Amy <Amy_DiPillo@Corvel.com>

Subject: FW: ***ASSIGN TO ELENA-BODY PARTS***DUE 11/20 RFA therapy: Jonathan Shockley / 040519008736

Hi Amy, please review per CO notes, thank you!

[9:35 AM] Vega, Elena

Hi Mario I am reviewing a RFA for claimant Jonathan Shockley / 040519008736

Provider is requesting acupuncture for cervical spine, bilateral upper arms, right forearm, ulnar nerve lesion for unspecified

CV shows left andd right hand

Would you like us to review or defer?

[11:11 AM] Castro, Mario A

review

Elena Vega | Utilization Review Nurse Supervisor CorVel Corporation | Santa Ana P 714.385.8531 | F 866.448.4076 Elena Vega@corvel.com | www.corvel.com



From: DiPillo, Amy < Amy_DiPillo@Corvel.com > Sent: Tuesday, November 17, 2020 5:36 PM
To: Vega, Elena < Elena_Vega@CORVEL.com >

Subject: FW: ***ASSIGN TO ELENA-BODY PARTS***DUE 11/20 RFA therapy: Jonathan Shockley / 040519008736

From: Rodriguez, Crystal < Crystal Rodriguez@Corvel.com>

Sent: Tuesday, November 17, 2020 11:29 AM **To:** DiPillo, Amy Amy_DiPillo@Corvel.com>

Subject: FW: ***ASSIGN TO ELENA-BODY PARTS***DUE 11/20 RFA therapy: Jonathan Shockley / 040519008736

Biotelemetry Inc 040519008736

CO - Mario Castro

electrocardiogram technician who alleges cumulitative repetitive stress injury to bilateral upper extremities, hands, wrists and forearms on 2/15/2019, Medical: Injured worker has been initially seen by Dr. Patrick O'Lang on Action Plans: Manage treatment with Dr. Jamasbi Margen, Corporation (Medica) Patrick O'Lang on Medical: Injured worker has been initially seen by Dr. Patrick O'Lang on Action Plans: Manage treatment with Dr. Jamasbi Margen, Corporation (Medica) Payee: Manage treatment with Dr. Jamasbi Margen, Corporation (Medica) Payee: Manage treatment with Dr. Jamasbi Margen, Corporation (Medica) Payee: Manage treatment with Dr. Jamasbi Loss Reserve: 0.00 Loss Paid-to-Date:	Claimant Evaluation - Jonathan Shocki Summary \ Investigation \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ey ed/Disability \
Claim File Status: Open Date of Loss: 2/15/2019 Left and Right Hand Date: Subrogation Exist: No Returned to Work date: Type of Duty Emp returned to: MMI Date: Compensability No Date of Birth: Subrogation Exist: No Returned to Work date: Type of Duty Emp returned to: MMI Date: Date of Birth: Subrogation Exist: No Compensability No Date of Birth: Subrogation Exist: No Type of Duty Emp returned to: MMI Date: Date of Birth: Subrogation Part of Compensability No Date of Birth: Subrogation Part of Date of Compensability No Date of Date of Compensability No Date of Compensability No Date of Da	Claim Level Information	Med/Disability
Date Reported: 2/16/2019 Benefit State: California First Day of Lost Time: SHI Exist: Yes Last Day Worked: SUI Exist: No Returned to Work date: Type of Duty Emp returned to: MMI Date: Date of Birth: 9/27/1978 Adjusted AWW: 958.63 Title: Summary of Facts: Snapshist Title: Summary of Facts: Snapshist This claim involves a 40 years old right hand dominant electrocardogram technician with alleges cumulatione reportive stress injury to bilateral upper extremities, hands, wrists and foreams on 2/15/2019, Miceal injured worker has been initially seen by Dr. Patrick O'Lang on Action Plan: Manage treatment with Dr. Jamasbi Address Pareel Date of Birth: Saziman Middles Address Pareel Date of Birth: Saziman Plant Stockley / Me Loss Reserve: 0.00 Loss Reserve: 0.00 Loss Reserve: 0.00 Loss Paid-to-Date: 0.00 Lo		
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Benefit State: Calfornia SHI Exist: Yes SID Exist: Yes MMI Date: Desired: Date of Birth: 9/27/1978 Adjused AWW: 956.62 Signed Adjused AWW: 956.63 Final Settlement: Represented by Attorney No Desired: Side Exist: Snapshs SID Exist: State	Date Reported: 2/16/2019	
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Compensability No Mil Date: Date of Birth: 9/27/1978 Adjusted AWW: 956.63 Weekly Comp Rate. 637.76 TO: Summary of Facts: Snapshot Summary of Facts: Snapshot Injured Medical Calability Series hadds, wrists and forearms on 2/15/2019, Medical: Injured Loss Pavel Son Loss Pavel S		The state of the s
Adjusted AWW: 955.63 Weekly Comp Rate- 637.76 Tris: Summary of Facts: Snapshot Tris: Snapshot Tris: Summary of Facts: Ship ship ship ship ship ship ship ship s	Compensability No	
Weekly Comp Rate: 637.76 TTD: Summary of Facts: Summary of Facts: This claim involves a 40 years old right hand dominant electricardiogram technician who alleges cumulitative repetitive stress injury to bilateral upper exterenties, hands, wrists and forcams on 2/15/2015, Medical: Injured works (Medical: Capethy Inc. (Contact) earlth. LP (Other) tack (I.oss Payes) Son Lloss Payes) Son Lloss Payes) Son Lloss Payes) Son Lloss Payes) Address Panel Qualified Medical Evaluation by Or. Stoller Request surveillance Post Covid 19 Investigation Med/ Disability Rsv Analysis Disposition Ty Sustained: It and Right Hand Med/ Disability Rsv Analysis Disposition Med/ Disability Rsv Analysis Disposition Christian Charles Colantoni Colantoni, Collins, Marren, Phillips and Tulk 201 spear Street Suite 1100 Employee taken to Emergency Room within 24 hours Claimant IME: Farber & Co 333 Hegenberger Road, Suite 504 Oakland, CA 94621 Gerry? None> Represented by Attorney No Financial Summary Claimant/Medical: 01:1 Jonathan Shockley / Medocial injury Claimant/Indemnity: 01:2 Jonathan Shockley / Medocial injury Claimant/Indemnity: 01:2 Jonathan Shockley / Medocial injury Disposition Payee: Christian Charles Colantoni Colantoni, Collins, Marren, Phillips and Tulk 201 spear Street Suite 1100 Employee taken to Emergency Room within 24 hrs of injury Other medical treatment within 24 hours Claimant IME: Farber & Co 333 Hegenberger Road, Suite 504 Oakland, CA 94621 Farber & Co 333 Hegenberger Road, Suite 504 Oakland, CA 94621 Farber & Co 333 Hegenberger Road, Suite 504 Oakland, CA 94621 Sinch Active Disposition Financial Summary Claimant IME: Farber & Co 333 Hegenberger Road, Suite 504 Oakland, CA 94621 Sinch Active Disposition Financial Summary Claimant IME: Farber & Co 333 Hegenberger Road, Suite 504 Oakland, CA 94621 Sinch Active Financial Summary Financial Summary Claimant IME: Financial Summary Financial Summary Claimant IME: Financial Summary Claimant IME: Financial Summary Claimant IME: Financial S	Date of Birth: 9/27/1978	Disposition
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Manage (realment with Dr. Jamasb) Address Panel Qualified Medical Evaluation by Dr. Stoller Request surveillance Post Covid 19 Address Panel Qualified Medical Evaluation by Dr. Stoller Request surveillance Post Covid 19 Address Panel Qualified Medical Evaluation by Dr. Stoller Request surveillance Post Covid 19 Address Panel Qualified Medical Evaluation by Dr. Stoller Request surveillance Post Covid 19 Address Panel Qualified Medical Evaluation by Loss Paid-to-Date: 0.00 Last Payment: Payee: Christian Charles Colantoni Colantoni, Collins, Marren, Phillips and Tulk 201 Spear Street Suite 1100 Christian Charles Colantoni Colantoni, Collins, Marren, Phillips and Tulk 201 Spear Street Suite 1100 Christian Charles Colantoni Colantoni, Collins, Marren, Phillips and Tulk 201 Spear Street Suite 1100 Christian Charles Colantoni Colantoni, Collins, Marren, Phillips and Tulk 201 Spear Street Suite 1100 Charles Colantoni Colantoni, Collins, Marren, Phillips and Tulk 201 Spear Street Suite 1100 Charles Colantoni Colantoni, Collins, Marren, Phillips and Tulk 201 Spear Street Suite 1100 Charles Colantoni Colantoni, Collins, Marren, Phillips and Tulk 201 Spear Street Suite 1100 Charles Colantoni Colantoni, Collins, Marren, Phillips and Tulk 201 Spear Street Suite 1100 Charles Colantoni Colantoni, Collins, Marren, Phillips and Tulk 201 Spear Street Suite 1100 Charles Colantoni Colantoni, Collins, Marren, Phillips and Tulk 201 Spear Street Suite 1100 Charles Colantoni Colantoni, Collins, Marren, Phillips and Tulk 201 Spear Street Suite 1100 Charles Colantoni Colantoni, Collins, Marren, Phillips and Tulk 201 Spear Street Suite 1100 Charles Colantoni Colantoni, Collins, Marren, Phillips and Tulk 201 Spear Street Suite 1100 Charles Colantoni Colanto		Claimant/Indemnity: 01-2 Jonathan Shockley / Indemnity
Address Panel Qualified Medical Evaluation by Collins Marren, Collins, Marren, Phillips and Tulk 201 Spear Street Suite 1100 Imment Disability %: 0.00 Intrment & Basis Code: <none> Claimant IME: Farber & Co 333 Hegenberger Road, Suite 504 Oakland, CA 94621 510-444-2512 Represented By No Attorney: Character & Pay: Active Inactive Ex Pay: Active Inactive</none>	Manage treatment with Dr. Jamasbi	Loss Reserve; 0.00
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Int Evaluation - Jonathan Shockley Med/Disability Sustained: And Right Hand Christian Charles Colantoni Colantoni, Collins, Marren, Phillips and Tulk 201 Spear Street Suite 1100 Imployee taken to Emergency Room within 24 hrs of injury Ther medical treatment within 24 hours Claimant IME: Farber & Co 333 Hegenberger Road, Suite 504 Oakland, CA 94621 510-444-2512 Represented By No Attorney: Imacy Card: Active Active Inactive Active Inactive Inactive Inactive Active Inactive		
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Crystal Rodriguez | Administrative Assistant

CorVel Corporation | Santa Ana

Crystal_Rodriguez@CorVel.com| www.Corvel.com

For status or questions about a referral email urstatus@corvel.com

From: GM-ORCA-Chubb UR < GM-ORCA-Chubb UR@CORVEL.com>

Sent: Friday, November 13, 2020 4:41 PM

To: GM-ORCA-Chubb UR < <u>GM-ORCA-Chubb_UR@CORVEL.com</u>> **Subject:** DUE 11/20 RFA therapy: Jonathan Shockley / 040519008736

Reference Number: UMR-26568773

Phuong Herrera I Adminstrative Assistant
Corvel Corporation I Santa Ana, CA
Phuong herrera@corvel.com | www.corvel.com

From: Dipillo, Amy jo < Amyjo.Dipillo@Chubb.com>

Sent: Friday, November 13, 2020 2:14 PM

To: GM-ORCA-Chubb UR < GM-ORCA-Chubb_UR@CORVEL.com > **Subject:** RFA therapy: Jonathan Shockley / 040519008736

WARNING: This email originated from someone outside Corvel, Ceris or Symbeo. DO NOT click links or open attachments unless you recognize the sender's email address and know the content is safe.

The original sender of this email is: Amyjo.Dipillo@Chubb.com

From: Fax2Mail < fax-1841185@reply.fax2mail.com>

Sent: Friday, November 13, 2020 8:54 AM

To: Laourclaimfax Admin < laourclaimfax@chubb.com>

Subject: Jonathan Shockley / 040519008736

You have received a document.

Sender's Name: abarliso Sender's Caller ID: 18889772986

Date/Time:

Fri 13 Nov 2020 11:53:11 AM EST

Number of Pages: 21

From abartiso

18889772986

11/13/2020 08:39:40 PST

Page 01 of 21

State of California, Division of Workers' Componsation REQUEST FOR AUTHORIZATION DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

Phone: 51	19 10-647-5101 ×133	Conta City: Fax NPI Cont City:	e of Birth (MM/DD/YYY sloyer: Biotelemetry, I set Name: Angela for Emeryville Number: 510-847-510 Number: 1376837199 tact Name:Castro, Ma	Jhon A. State: CA 5 or 510-540-6965	
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Phone: 51	l ins Company	City: Fax NPI Cont	Emeryville Number: 510-647-510 Number: 1376637199 Loct Name:Castro, Ma	State: CA 5 or \$10-540-6965 rio	
Phone: 51	l ins Company	Fax NPI Cont	Number: 510-847-510 Number: 1376637199 Annie: Castro, Ma Loct Name: Castro, Ma	5 or 510-540-6965	
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of Federa	l Ins Company	Cont	tact Name:Castro, Ma	rio	
of Federa	l Ins Company	Gont City:	lact Name:Castro, Ma	rio	
		City:			
Phone: 21	13-612-5378		Phoenix		
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☐ Resubmission – Change in Material Facts

State of California, Division of Workers' Compensation REQUEST FOR AUTHORIZATION DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

■ New Request

	-	pyee faces an imminent a mation of a prior oral req		ous threat to his or h	ner health	
Employea Informatio		018001111000111111111111111111111111111				
Name (Last, First, Mid			1			
Date of Injury (MM/DD		9	Date of Birth (MM/DD/YYYY): 09/27/1978			
Claim Number: 04051	marchine recently are a limit to the property.	PURISE ARRESTS PARKETING FROM PARKET ARE THE DWG	Employer: Biotelemetry, Inc			
Requesting Physicia	n Information	K MANAKAN	a designation of	Millionarium valgerarium tarit emperente	and a service and a service.	A MARIA MENANTENENTANI MENANTANI MENANTANI
Name: Dr. Jamasbi, E					*****	
Practice Name: PRCM			-	ct Name: Angela fo	r Jhon A.	-
Address: 1335 Stanfo			City: Emeryville State: CA			
Zip Code: 94608		0-647-5101 x133	Fax Number: 510-647-5105 or 510-540-6965			
Specialty: Pain Manag	gement		NPI	Number: 137663719	9	
E-mail Address:						
Claims Administrato	r Information	ti gradi ali galatika ing pinang kina pangang kina	energia sensi	ini ga a kuntan kun Kuntan kuntan kunta	inemining an indication of	enegranie al anteralization
Company Name:Chub		Ins Company	Cont	act Name:Castro, M	lario	
Address: P.O. Box 42	2065			Phoenix		State:AZ
Zip Code: 85080	p Code: 85080 Phone: 213-612-5378			Number: 800-664-17	65	
E-mail Address:	Yangan kemanan kanada kana	s for guidance, attache	es pagas a sa		aneronasta especiales	
Diagnosis (Required) Cervical disc disorder with radiculopathy, unspecified	on a separate she ICD-Code (Required) M70.832, M70.831, M70.822, M70.821, Z79.899, M50.10, G56.20	the requested treatment et if the space below is in Service/Good Reques (Required) 6 sessions of acupunc	nsufficie sted		Other (Freque	may be entered; Information: Procy, Duration Intity, etc.)
Treatment must be paid un Peer to Peer calls: Mon-Fr		MFS . Please call (510) 647-5101 :	κ0			

Received 12/28/2020 Pacific Workers'

			Date: 11/13/2020 at 08:28 AM(PT)
Requesting Physician Signature	e:		
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☐ Approved ☐ Denied or Mo	odified (See separate decision letter) Deen previously denied D Liability for t	Delay (See sep	arate notification of delay)
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Authorization Number (if assign	180):	Date:	
Authorized Agent Name:		Signature:	
Phone:	Fax Number:	E-mail Address:	
Comments:		-	

DWC Form RFA (Effective 2/2014)

Page 1

CC:

UR Department (if applicable):213-612-5785
Applicant Attorney (if applicable):Zachary Kweller, Esq. 866-819-6169
Nurse Case Manager (If applicable):



Babak Jamasbi, MD | Brendan Morley, MD
Timothy Lo, MD | Arzhang Zereshki, MD | Neil Kamdar, MD | John Alchemy, MD

1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

Visit Note

Provider:

Supervising: Babak J, Jamasbi, M.D. Performing: Julia Fellows, PA-C

Encounter Date: Nov 06, 2020

Patient: Shockley, Jonathan (PT00023609)

Sex: Male

DOB: Sep 27, 1978 Age: 42 Year Race: Unreported/Refused to Report

Address: 1000 Sutter St Room 123, San Francisco CA 94109 Pref. Phone(H):

415-312-4029

Primary Dr.: Babak Jamasbi, M.D.

Referred By: Babak Jamasbi, M.D.

Injury Date: 02/15/2019 Employer: Biotelemetry, Inc

Case Insurance: Chubb Son of Federal Ins Company

Claim No.: 040519008736

VISIT TYPE:

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:

Mr. Shockley was not physically able to come into the office today due to compliance with the current National Emergency guidelines for the COVID-19 pandemic; therefore, a telemedicine follow-up visit was done today. The nature of telehealth consultation was discussed with the patient, including the risks, benefits and alternatives. The patient had opportunity to ask questions about the information and those questions were answered. The patient verbalized understanding and agreed to this telehealth consultation.

SUBJECTIVE COMPLAINTS:

Patient is presents via Facetime to follow up on pain in his arms and bilateral hands.

Patient denies acute changes to his pain complaints today. He continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists up to his clbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". He reports pain in his neck as well as numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment.

He has been approved for 6 sessions of aqua therapy but these are currently on hold as no pool facility is open due to COVID 19. Previously, the patient had been attending acupuncture therapy with benefit, but additional sessions have been denied on appeal.

He met with Dr. Gordon for a surgical consult on 7/22/20. We have this report for review today.

With regard to medication, he continues with Lidocaine cream and voltaren gel as topical medications. He denies side effects with his medications. He does request for refills today.

Patient reports that a few months back he took gabapentin briefly to see if it would improve his upper extremity pain. However this caused extreme fatigue which he still feels is occurring. Due to the fatigue, the patient he had some bloodwork done that showed elevated TSH. He attributes this elevation in TSH to his use of gabapentin and inquires about having this level repeated. This is discussed below.

Medical History:

PAST MEDICAL HISTORY

- 1. Bronchitis 2 years ago.
- 2. Eczema.
- 3. He had an episode of epilepsy and took Tegretol at age 10 or 11.
- 4. History of anxiety. He was taking Hydroxyzine but now does not take medication and just meditates.

PAST SURGICAL HISTORY

- 1. Adenoidectomy in 1987.
- 2. Lasik surgery in 2000.
- 3. Sympathectomy in 2000.
- 4. Right big toe bone spur removal in 2000.
- 5. Right Achilles tendon debridement in 2002.
- 6. Right Achilles tendon debridement in 2003.

Social History:

PSYCH/SOCIAL HISTORY

The patient does not smoke cigarettes.

The patient does not drink alcoholic beverages.

The patient does not use illicit drugs.

The patient is not married.

The patient has a significant other.

The patient has no children.

Patient does not have a family history of childhood abuse.

Patient does not have a family history of sexual abuse.

Epworth Scale is 0. The patient goes to bed, falls asleep and wakes up at variable times. The patient feels he gets adequate rest.

Family History:

*** FAMILY HISTORY

Patient does not have a family history of drug addiction.

Patient has a family history of chronic pain.

OBJECTIVE FINDINGS:

2014 E/M:

Constitutional - General Appearance:

Patient is near ideal body weight and is well groomed..

Orientation:

Patient is alert and oriented x3...

Mood and Affect:

Patient does not exhibit acute distress, anxiety, confusion, fatigue, lethargy, pain, tearfulness, or suicidal ideation.

Current Medications:

- 1. Lidocaine 5% Ointment Apply 2-3 grams to affected area up to 4 times daily
- 2. Voltaren 1% Gel Apply to affected area daily
- 3. Advil (OTC)
- 4. Aspirin Ec 81 Mg Tablet (OTC)

FORMAL REQUEST FOR AUTHORIZATION:

6 sessions of acupuncture 97813, 97814, 97026, 97124

Please submit as a change in material facts and attach Dr. Gordon's consult located in IMS documents,

This is a formal request for authorization of the medications within the "prescriptions" section of this note.

DIAGNOSIS:

M50.10 Cervical disc disorder with radiculopathy, unspecified cervical region

M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm

M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm
M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm
G56.20 Lesion of ulnar nerve, unspecified upper limb

PRESCRIPTION:

1 Voltaren 1% Gel SIG: Apply 2-3 grams to affected area upt o 4 times daily QTY: 100.00.

REF: 1 update sig Refill Added:

1 Lidocaine 5% Ointment SIG: Apply 2-3 grams to affected area up to 4 times daily QTY:

60.00. REF: 1

TREATMENT PLAN:

Assessment:

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hands. Massage therapy exacerbated his pain. He is not currently working.

The patient did have a QME with Dr. Stoller on 1/23/20. Per Dr. Stoller, the patient is not yet MMI. He recommends an upper extremity EMG to asses his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy. Cervical MRI was completed on 4/3/20 and is reviewed below, EMG was completed on 2/10/20 with Dr. Neeti Bathia, this shows demyelinating ulnar mononeuropathy bilaterally across the elbows, no evidence of median, radial, or cervical radiculopathy on either side.

Plan:

- With regard to the bilateral elbows, he was approved for a surgical consult to address bilateral ulnar neuropathy and did see Dr. Leonard Gordon on 7/22/20. Per this report, Dr. Gordon does not recommend any surgery. He also was not able to confirm the presense of ulnar neuropathy through physical exam despite it being present on the patient's EMG. The patient reportedly underwent a repeat EMG with Dr. Liberty Jenkins and apparently this report also showed the presense of ulnar neuropathy. We do not have this report for review.
- -Given that Dr. Gordon does not recommend a surgical intervention, we will resubmit for acupuncture with a change in material facts with his report attached.
- He has been approved for 6 sessions of aqua therapy for his wrists, hands, and elbows. These are currently on hold due to COVID19.
- With regard to the cervical spine, MRI of the cervical spine from 4/3/20 shows a 4mm left disc osteophyte at C5-C6 causing severe bilateral neural foraminal stenosis as well as a left paracentral disc protrusion at C6-C7, mild central stenosis from C5-C7. Severe bilateral neural foraminal stenosis at C5-C6 may be contributing to right shoulder and deltoid pain. We discussed CESI, the patient defers injections. Our request for surgical consultation with Dr. Paul Slosar was

deferred on the basis that his insurance is disputing liability for the body parts of the neck and the bilateral upper arms. Our recent re-request for surgical consultation for the neck, as well as TPI in the bilateral trapezius region, were deferred due to dispute of liability of the neck as part of his claim.

- -QME with Dr. Stoller has been postpone until 1/2021.
- With regard to his work restrictions, we have indicated that he can perform 1 hour of computer work in an 8 hour day, we are unable to determine how long these work restrictions are going to be in effect, this largely depends on how he continues to respond to treatment and if he receives adequate treatment for his cervical spine, which is currently being disputed as a covered body part despite having an MRI of the cervical spine authorized. Patient states that he was recently let go from his employer.
- With regard to medications, Voltaren gel and Lidocaine ointment refilled today. Gabapentin discontinued due to side effects. As mentioned above, the patient has been having considerable fatigue after trialing gabapentin for a short amount of time. He apparently had a abnormal TSH shortly after discontinuing gabapentin and he believe that he medication is responsible for the abnormal level. Since the patient took such a low dose for such a short amount of time, it is hard to say if gabapentin truly did cause the TSH level abnormality. He does feel that the fatigue is improving however so we will not be ordering a repeat level at this time.

Follow up in 4-6 weeks.

WORK STATUS:

WORK STATUS: The patient is not permanent and stationary.

Work restrictions:

- Repetitive activities using upper extremities limited to 1 hour in an 8 hour shift.
- Light computer work for up to an hour for an 8 hour shift.
- -No lifting, pushing, or pulling greater than 5 pounds

TIME SPENT:

Greater than 50% of the visit was spent in counseling and coordination of care. As such, time spent with the patient should be the guiding determinant in determining the level of evaluation and management services. 15 minutes were spent in direct face to face time with the patient. To expedite the process in which we may provide the appropriate treatment for our patient, please consider the following from California Labor Code section 4610:

(c) No person other than a licensed physician who is competent to evaluate the specific clinical issues involved in the medical treatment services, and where these services are within the scope of the physician's practice, requested by the physician may modify,

delay, or deny requests for authorization of medical treatment for reasons of medical necessity to cure and relieve.

-The services we are requesting fall under the specialty of "Interventional Pain Management" which is an official medical specialty as designated by the The Department of Health and Human Services Center for Medicare and Medicaid Services and which is defined as the discipline of medicine devoted to the diagnosis and treatment of pain and related disorders with the application of interventional techniques in managing subacute, chronic, persistent, and intractable pain, independently or in conjunction with other modalities of treatments. Interventional pain management services are characterized often by the placement of surgical length needles in the spine or areas adjacent to the spine to deliver anesthetic agents, to remove scar tissue, or to deliver a solution designed to interrupt a nerve's ability to transmit a pain sensation.

Physicians from many backgrounds including Anesthesiology and Physical Medicine and Rehabilitation (Physiatry) practice what may be described as "Interventional Pain Management", so long as the physician has undergone rigorous training in or devotes a significant portion of his or her practice to the performance of interventional pain management procedures, typically under fluoroscopic guidance, and is familiar with the current medical literature regarding such techniques.

- (f) The criteria or guidelines used in the utilization review process to determine whether to approve, modify, delay, or deny medical treatment services shall be all of the following:
- (4) Disclosed to the physician and the employee, if used as the basis of a decision to modify, delay, or deny services in a specified case under review.
- (g) (1) Prospective or concurrent decisions shall be made in a timely fashion that is appropriate for the nature of the employee's condition, not to exceed five working days from the receipt of the information reasonably necessary to make the determination, but in no event more than 14 days from the date of the medical treatment recommendation by the physician.
- (4) "Responses regarding decisions to modify, delay, or deny medical treatment services requested by physicians shall include a clear and concise explanation of the reasons for the employer's decision, a description of the criteria or guidelines used, and the clinical reasons for the decisions regarding medical necessity".
- (5) If the employer, insurer, or other entity cannot make a decision within the timeframes specified in paragraph (1) or (2) because the employer or other entity is not in receipt of all of the

information reasonably necessary and requested, because the employer requires consultation by an expert reviewer, or because the employer has asked that an additional examination or test be performed upon the employee that is reasonable and consistent with good medical practice, the employer shall immediately notify the physician and the employee, in writing, that the employer cannot make a decision within the required timeframe, and specify the information requested but not received, the expert reviewer to be consulted, or the additional examinations or tests required. The employer shall also notify the physician and employee of the anticipated date on which a decision may be rendered. Upon receipt of all information reasonably necessary and requested by the employer, the employer shall approve, modify, or deny the request for authorization within the timeframes specified in paragraph (1) or (2). "I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend of accounts or other consideration, whether in the form of money or otherwise, or compensation or inducement for any referred evaluation or examination."

Please consider the treatment plan as a formal request for preauthorization services described therein. In the event that the written denial, authorization or notice of delay is not received by our office within 7 business days with a description of the review by a qualified physician with training in pain management and/or physical medicine and rehabilitation expertise (as per the dictates of the California Code of Regulation 9792.6) we will assume de facto authorization.

If prior pre-authorization has been requested in an earlier report or therapeutic plan, please consider the date of the prior request as applicable for the purposes of the formal date of request. *Dr. Morley and Dr. Jamasbi hold a financial interest in Bay Surgery Center. The Northern California Functional Restoration Program is an integral part of Pain and Rehabilitative Consultants Medical Group.

JUSTIFICATION:

Lidoderm Patch: The following has been recommended regarding Lidoderm Patch in the MTUS/ACOEM guidelines

Lidocaine Patches for Neuropathic Pain Moderately Recommended.

Lidocaine patches are moderately recommended for treatment of postherpetic neuralgia when there is localized pain amenable to topical treatment.

Strength of Evidence – Moderately Recommended, Evidence (B)

Level of Confidence - Moderate

Indications: Moderate to severe peripheral neuropathic pain that includes superficial pain generation (e.g., postherpetic neuralgia), peripheral nerve injury, and possibly some toxic neuropathies with superficial pain generation [1190-1192]. One quality trial [1193] evaluated treatment of CTS with pain as a central complaint when other treatable causes of the pain have been eliminated and after more efficacious treatment strategies, such as splinting and glucocorticosteroid injection(s), have been attempted.

Benefits: Modest improvements in pain

Harms: Dermal irritation and intolerance; may have adverse systemic effects if widespread applications of numerous patches

Frequency/Dosc/Duration: Lidocaine patch 5%, up to 4 patches applied up to 12 hrs/day. Duration of use may be ongoing for chronic, localized pain, although most patients do not require indefinite treatment. Caution is warranted regarding widespread use of topical anesthetics for potential systemic effects from widespread administration.[221] Topical 5% lidocaine medicated plaster has also been used [1194-1197], as well as lidocaine spray [1198]

Indications for Discontinuation: Resolution, intolerance, adverse effects, lack of benefits, or failure to progress over a trial of at least 2 weeks.

Rationale: Lidocaine patches have been reportedly effective for treatment of localize peripheral neuropathic pain [1190-1192]. Topical lidocaine has been suggested to improve pain associated with CTS and appears to be somewhat more effective than naproxen.[222] This provides some basis for a consensus recommendation for treatment of peripheral neuropathic pain. Lidocaine patches are not invasive, generally have a low adverse effect profile, are moderately costly, have some evidence of efficacy for treatment of carpal tunnel syndrome and thus are recommended for treatment of peripheral neuropathic pain. It is not recommended for central neuropathic pain.

Evidence: A comprehensive literature search was conducted using PubMed, Scopus, CINAHL, and Google Scholar without date limits using the following terms: neuropathic pain, nerve pain, neuralgia; controlled clinical trial, controlled trials, randomized controlled trial, randomized controlled trials, random allocation, random*, randomized, randomization, randomly; systematic, systematic review, retrospective, and prospective studies. We found and reviewed 1413 articles in PubMed, 917 in Scopus, 176 in CINAHL, 9,630 in Google Scholar and 0 from other sources. We considered for inclusion 349 from PubMed, 0 from Scopus, 12 from CINAHL, 0 from Google Scholar and 0 from other sources. Of the 361 articles considered for inclusion, 238 randomized controlled trials and 123 systematic reviews met the inclusion criteria. A comprehensive literature search since 2012 was conducted using PubMed using the following terms: diabetic neuropathy; controlled clinical trial, controlled trials, randomized controlled trial,

randomized controlled trials, random allocation, random*, randomized, randomization, randomly; systematic, systematic review, retrospective, and prospective studies. We found and reviewed 2423 articles in PubMed and 0 from other sources. We considered for inclusion 19 from PubMed and 0 from other sources. Of the 19 articles considered for inclusion, 13 randomized controlled trials and 0 systematic reviews met the inclusion criteria. There is one high-quality study and moderate-quality studies incorporated into this analysis.

Voltaren Gel: The following has been recommended regarding Voltaren gel in the MTUS/ACOEM guidelines

Topical NSAIDs are selectively recommended for treatment of chronic persistent pain where target tissue is superficially located.

Strength of Evidence – Recommended, Insufficient Evidence (I)

Level of Confidence - Low

Indications: Chronic persistent pain in a superficial area that is amenable to a topical agent. Should generally have intolerance of, or another indication against oral NSAID use.

Benefits: Improvement in pain and function. Avoidance of gastrointestinal adverse effects of some NSAIDs.

Harms: Irritation, allergy, having to use on skin that may interfere with some job performance needs

Frequency/Dose/Duration: Per manufacturer's recommendations

Indications for Discontinuation: Resolution, intolerance, adverse effects, or lack of benefits.

Rationale: There are no quality studies of treating chronic persistent pain with topical NSAIDs. The target tissue for most, but not all chronic persistent pain with an occupational basis is generally too deep for justification of use of topical NSAIDs. Topical NSAIDs are not invasive, have low adverse effects, are high cost for a typical treatment regimen, and are selectively recommended for treatment of conditions amenable to topical treatment who generally also have intolerance or other contraindication for oral NSAID use.

Evidence: There are high- and moderate-quality RCTs incorporated into this analysis. There are no quality studies evaluating topical NSAIDs for treatment of chronic persistent pain syndrome.

It has been brought to our attention that on occasion there has been some confusion in regards to prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician

assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

Followup:

4 Week(s)

CC:

Kweller, Esq., Zachary: 11/09/2020

Castro, Mario : 11/09/2020 UR, Chubb : 11/09/2020

Kweller, Esq., Zachary: 11/13/2020

Castro, Mario : 11/13/2020 UR, Chubb : 11/13/2020

This visit note has been electronically signed off by Fellows, Julia, PA-C on 11/09/2020

Oct. 30. 2020 11:47AM

RECEIVED 10/80/2020 11:46AM 14159231036

Pain and Rehab

No. 4144 P. 1/1



Babak J Jamabbi, MD. Facpm Board Certified Pain Medicines Anesthesiology

PRENDAN P MORLEY, MD, FACPM Board Certified Pain Medicine& Aparthesiology

TIMOTHY S LO, MD, MPH Board Cartified in Neurology, Pain Medicine, Medical Acupuncture, QME, Electrodizgnostic Medicine

ARZHANG ZERESHKI, MD Board Cartified in Pain Medicine, Physical Medicine & Rehabilitation, QME

NEIL KAMDAR, MD Board Centified Pain Medicine Ancethesiology

JOHN ALCHEMY, MD, DABFP, QME Board Certified in Pamily Medicine

CALIXIM EASTWOOD, PSYD. Senior Director of Behavioral Medicina

MARIEL BARCEBAL, PSY.D. Clinical Psychologist

CABRIELLE REIMAN, PSY.D. Cilnical Psychologist

KATHERINE KIMSEY, MFT, EdD Clinical Psychologist

MARK PHILLIPS, PA Physician Assistant

SUSIE PAIK, PA-C Physician Assistant

DONNY CHO, PA-C Physician Assistant

JULIA FELLOWS, PA-C Physician Assistant

THRISHA KASHINATH, PA-C Physician Assistant

SHOHREH SEMATL RN. MSN. FNP-BC Pamily Nurse Practitioner

ROBERT ESTIS, PA Physician Assistant

Reply To:

EMERYVILLE OFFICE

1335 STANFORD AVENUE

EMERYVILLE CA 94608

(F) 510-647-5101 - (F) 510-647-5105

Other Offices:

CASTRO VALLEY

SAN PRANCISCO

WALNUT CREEK

ROHNERT PARK

MANTECA

FAX COVER SHEET

DATE: 103020		
TO: Dr. Leonard Gordon		
FROM: Nettic		
Recipient's Phone: (415) 923-0992		
Fax: 1(415) 923-1036		
Total # of Pages including cover:		
Notes/Comments:		
Hello,		
Dur office is requesting		

report for surgical consult and progress notes for Patient: snockley. Janathan Dob: 9/27/78

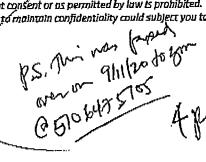
Please fox records to (510) 647-5105

Thank you, Nettre ext. 123

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You, the recipient, are obligated to mointain it in a safe, secure and confidential monner. Redisclosure without appropriate patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or fallure to maintain confidentiality could subject you to penalties

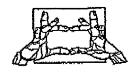
described in Federal and State law.,



Pain and Rehabilitative Consultants Medical Group

1335 Stanford Avenue

	Emeryville, CA 94608	
Telephone Jonathan Shockley Name	(510) 647-5101 • Fax (510) 09/27/1978	647-5105 11/09/2020 Date
1000 Sutter St Room Address	- All 1 1 All 10 10 00 00 11 0	
and pressure, left forearm M70.831 Other soft tissue d and pressure, right forearm M70.822 Other soft tissue d and pressure, left upper arm	lisorders related to use, overuse	☐ Do Not Substitute M.D.
 Mark Phillips, P.A. DEA#: MP0998558 / LIC#: PA17702 Babak Jamasbi, M.D. DEA#: BJ2563345 / LIC#: G70042 Timothy Lo, M.D. DEA#: FL0167901 / LIC#: A92580 Brendan Morley, M.D. DEA#: BM3191133 / LIC#: G74102 	☐ Arzhang Zereshki, M.D. DEA#: FZ3404477 / LIC#: A119704 ☐ Neil K. Kamdar, M.D. DEA#: FK5223172 / LIC#: A144608 ☐ John W. Alchemy, M.D. DEA#: BP4661369 / LIC#: 55085 ☐ Susie Paik, P.AC DEA#: MP1537856 / LIC#: PA19005	☐ Donny J. Cho, P.AC DEA#: MC2432386 / LIC#: PA2164 ☐ Julia M. Fellows, P.AC DEA#: MF4602288 / LIC#: 55158 ☐ Robert J. Estis, P.A. DEA#: ME0720513 / LIC#: PA12019 ☐ Jessica Aikin, P.A. DEA#: MA4725353 / LIC#: 51677 ☐ Shohreh Semati, FNP-BC DEA#: MS3193264 / LIC#: 18520



Hand & Microsurgery Medical Group, Inc.
Leonard Gordon, M.D.

Joshus Gordon, M.D. 2299 Post Street, Suite 103 SAN FRANCISCO, CA 94115 TEL: (415) 923-0992 FAX: (415) 923-1036 Hand & Wrist Burgeny Lipper Extremit Surgeny Michosurgeny Industrial, Impues Medical, Legal

July 22, 2020

Mario Castro, Adjuster Chubb Insurance P.O. Box 42065 Phoenix, AZ 85080-2065

Pacific Workers' Compensation Law Center 333 Hegenberger Road, Suite 504 Oakland, CA 94621

RE: Jonathan Shockley CLAIM #: 040519008736

Dear Gentlepersons:

Ionathan Shockley was seen and examined in my office on 7/22/2020 for the purposes of an orthopaedic hand surgery consultation.

IDENTIFICATION AND WORK HISTORY:

Jonathan Shockley is a 41-year-old, right-hand dominant EKG technician employed at Biotelemetry, Inc., where he worked from June of 2018 until June of 2019.

He worked forty hours a week. He did great deal of extremely repetitive work on a keyboard.

PAST MEDICAL HISTORY:

The patient has no diabetes, thyroid disease, then matoid or other arthritis, or systemic illness.

Patient Name: SHOCKLEY, JONATHAN

Chart Number: 285830 Claim Number: 040519008736

DOB: 09-27-1978 Date of Visit: 07-28-2020

HISTORY:

The patient provided me with the following history. He states that on 2/15/2019, he noted pain in his right hand and then the left, especially with use of the mouse. He made some ergonomic changes and moved to a pedal with no improvement.

He was treated by Dr. Lane and taken off work, and he was diagnosed with a repetitive stress injury. He was sent for extensive therapy with no improvement, and he was assessed as permanent and stationary in July of 2019.

He then was referred to Dr. Jamasbi and continued off work, and he had a QME by Dr. Stoller in October of 2019. An electrodiagnostic study was done which showed ulnar neuropathy at both elbows and a question of a radiculopathy at C6-7.

Dr. Jamasbi sent him for acupuncture treatment with temporary relief. He was also sent for massage, and he states he is concerned that the massage in fact made him worse, especially on the right side.

He presents at this time for surgical consultation.

No other treatment has been rendered.

CURRENT COMPLAINTS:

Currently, the patient has generalized pain in the extremities that is poorly localized.

He does not have any specific symptoms at night.

He has pain around the shoulder radiating distally.

There are no localizing features.

He states he does have a tremor in the hand.

PHYSICAL EXAMINATION;

Examination was limited to the right and left upper extremities as follows:

There is a full, normal range of motion of the fingers, thumbs, wrists, and elbows.

The sensation is intact in all the fingers.

The Tinel's sign is negative over the median and ulnar nerves at the wrist and the elbow and particularly at the right and left elbows.

There is no evidence of nerve entrapment.

Patient Name: SHOCKLEY, JONATHAN

Chart Number: 285830 Claim Number: 040519008736

DOB: 09-27-1978 Date of Visit: 07-28-2020

The elbow flexion test is negative.

The Phalen's test is negative.

DIAGNOSIS:

Repetitive Stress injury, right hand (M70.941) and Repetitive stress injury left hand. (M70.942).

ASSESSMENT:

Mr. Shockley appears to have repetitive stress as far as his right and left upper extremities are concerned.

I can find no evidence for nerve entrapment, despite the fact that the electrodiagnostic study at both elbows shows cubital tunnel syndrome. The provocative tests do not indicate that to be the case. I am unable to confirm this, and there are no localizing features.

I do not find any other problem, other than a nonspecific cumulative trauma in the extremities.

There is a question of a nerve problem in the neck with a question of radiculopathy, although this radiculopathy was at the C6-7 level and the patient's symptoms of the cubital tunnel and ulnar side of the hand primarily would be C8-T1. That said, I would leave it up to Dr. Jamasbi and a neck specialist to assess whether there are neck problems, although the extremity problems do not appear to arise from the neck.

I do not feel, therefore, that there are any surgical options that would be helpful. If anything changes, I would be pleased to reassess this.

Please let me know if I can provide any further information or assistance.

I declare under penalty of perjury that I have not violated the provision of California Labor Code Section 139.9 and that the contents of the report are true and content to the best of my knowledge.

Signed this 28th day of July, 2020, at San Francisco County, California.

Yours sincerely,

LG/il

Post Street Orthopedic & Sports Medicine



To:	Nettie w/Pain & Rehab	From:	June Valdez	
Fax:	15106475105	Pages:	1	
Phone:		Date:	9/11/2020	
Re:		cc:	•	

Hello Nettie,

Happy Friday! Please see the requested medical records for Jonathan.

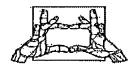
He was seen only once.

Thank you,

June

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MD Logic Fax Page 2 of 4



Hand & Microsurgery Medical Group, Inc.

Hand & Whist Surgery Lipper Extremity Surgery Michoenbery Industrial Merries Medical Legal

Leonard Gordon, M.D. Joshua Gordon, M.D.

2299 POST STREET, SUITE 103 SAN FRANCISCO, CA 94115 TEL: (415) 923-0992 FAX: (415) 923-1036

July 22, 2020

Mario Castro, Adjuster Chubb Insurance P.O. Box 42065 Phoenix, AZ 85080-2065

Pacific Workers' Compensation Law Center 333 Hegenberger Road, Suite 504 Oakland, CA 94621

RE: Jonathan Shockley CLAIM #: 040519008736

Dear Gentlepersons:

Jonathan Shockley was seen and examined in my office on 7/22/2020 for the purposes of an orthopaedic hand surgery consultation.

IDENTIFICATION AND WORK HISTORY:

Jonathan Shockley is a 41-year-old, right-hand dominant EKG technician employed at Biotelemetry, Inc., where he worked from June of 2018 until June of 2019.

He worked forty hours a week. He did great deal of extremely repetitive work on a keyboard.

PAST MEDICAL HISTORY:

The patient has no diabetes, thyroid disease, rheumatoid or other arthritis, or systemic illness.

Patient Name: SHOCKLEY, JONATHAN

Chart Number: 285830 Claim Number: 040519008736

DOB: 09-27-1978

Date of Visit: 07-28-2020

HISTORY:

The patient provided me with the following history. He states that on 2/15/2019, he noted pain in his right hand and then the left, especially with use of the mouse. He made some ergonomic changes and moved to a pedal with no improvement.

He was treated by Dr. Lane and taken off work, and he was diagnosed with a repetitive stress injury. He was sent for extensive therapy with no improvement, and he was assessed as permanent and stationary in July of 2019.

He then was referred to Dr. Jamasbi and continued off work, and he had a QME by Dr. Stoller in October of 2019. An electrodiagnostic study was done which showed ulnar neuropathy at both elbows and a question of a radiculopathy at C6-7.

Dr. Jamasbi sent him for acupuncture treatment with temporary relief. He was also sent for massage, and he states he is concerned that the massage in fact made him worse, especially on the right side.

He presents at this time for surgical consultation.

No other treatment has been rendered.

CURRENT COMPLAINTS:

Currently, the patient has generalized pain in the extremities that is poorly localized.

He does not have any specific symptoms at night.

He has pain around the shoulder radiating distally.

There are no localizing features.

He states he does have a tremor in the hand.

PHYSICAL EXAMINATION:

Examination was limited to the right and left upper extremities as follows:

There is a full, normal range of motion of the fingers, thumbs, wrists, and elbows.

The sensation is intact in all the fingers.

The Tinel's sign is negative over the median and ulnar nerves at the wrist and the elbow and particularly at the right and left elbows.

There is no evidence of nerve entrapment.

Patient Name: SHOCKLEY, JONATHAN

Chart Number: 285830

Claim Number: 040519008736

DOB: 09-27-1978 Date of Visit: 07-28-2020

The elbow flexion test is negative.

The Phalen's test is negative.

DIAGNOSIS:

Repetitive Stress injury, right hand (M70.941) and Repetitive stress injury left hand. (M70.942).

ASSESSMENT:

Mr. Shockley appears to have repetitive stress as far as his right and left upper extremities are concerned.

I can find no evidence for nerve entrapment, despite the fact that the electrodiagnostic study at both elbows shows cubital tunnel syndrome. The provocative tests do not indicate that to be the case. I am unable to confirm this, and there are no localizing features.

I do not find any other problem, other than a nonspecific cumulative trauma in the extremities.

There is a question of a nerve problem in the neck with a question of radiculopathy, although this radiculopathy was at the C6-7 level and the patient's symptoms of the cubital tunnel and ulnar side of the hand primarily would be C8-T1. That said, I would leave it up to Dr. Jamasbi and a neck specialist to assess whether there are neck problems, although the extremity problems do not appear to arise from the neck.

I do not feel, therefore, that there are any surgical options that would be helpful. If anything changes, I would be pleased to reassess this.

Please let me know if I can provide any further information or assistance.

I declare under penalty of perjury that I have not violated the provision of California Labor Code Section 139.9 and that the contents of the report are true and correct to the best of my knowledge.

Signed this 28th day of July, 2020, at San Francisco County, California.

Yours sincerely,

LG/JI

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review P.O. Box 138009 Sacramento, CA 95813-8009 (855) 865-8873 Fax: (916) 605-4275



Independent Medical Review Final Determination Letter

Dated: 09/24/2020

72 BABAK JAMASBI MD PRCMG 1335 STANFORD AVE EMERYVILLE, CA 94608

IMR Case Number:	CM20-0115160	Date of Injury:	02/15/2019				
Claim Number:	040519008736	UR Denial Date:	07/21/2020				
Priority:	STANDARD	Application Received:	08/17/2020				
Employee Name:	JONATHAN SHOCKL	EY					
Provider Name:	BABAK JAMASBI MD						
Treatment(s) in Dispu	te Listed on IMR Applicati	on:					
1. 12 SESSIONS OF ACUPUNCTURE FOR THE BILATERAL HANDS, WRISTS, AND FOREARMS							

DEAR BILAL KASSEM,

On 08/20/2020, your request for an Independent Medical Review ("IMR") of the above workers' compensation case was assigned to MAXIMUS Federal Services. As of the date of this letter, the IMR is now completed. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its expert reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers' Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers' Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

MAXIMUS Federal Services

cc: Department of Industrial Relations, CHUBB & SON (WC) - LOS ANGELES, CA, BABAK JAMASBI MD

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Treatment Utilization Schedule (MTUS)
- Medical Records from:

Claims Administrator

Provider Name	Dates of Service From	Dates of Service To
Express Scripts	03/25/2020	05/20/2020
Pain & Rehabilitative Consultants Medical Group	01/10/2020	07/14/2020

Rep of Injured Worker

Provider Name	Dates of Service From	Dates of Service To
Pain & Rehabilitative Consultants Medical Group	10/21/2019	07/10/2020

Provider

Provider Name	Dates of Service From	Dates of Service To
Pain & Rehabilitative Consultants Medical Group	04/24/2020	09/04/2020
Remedy Medical Group	02/10/2020	

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer.

The expert reviewer:

- has no affiliation with the employer, employee, providers or the claims administrator;
- has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice;
- was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/service:
- is familiar with governing laws and regulations;
- applied the MTUS Medical Evidence Search Sequence and MTUS Methodology for Evaluating Medical Evidence where appropriate; and
- has the following credentials:
 - State(s) of Licensure: California
 - Certification(s)/Specialty: NA-Oriental Medicine

CLINICAL CASE SUMMARY

The following clinical case summary was developed based on a review of the case file, including all medical records:

This is a 41 year old male who sustained an industrial injury on 2/15/2019. A review of the medical records indicates that the injured worker is undergoing treatment for cervical disc disorder with radiculopathy, other soft tissue disorders related to use, overuse and pressure of the

bilateral upper arms and right forearm and lesion of ulnar nerve of unspecified upper liftib. Where's the progress note dated 7/10/2020, the injured worker is not currently working.

Prior diagnostic testing included MRI of the cervical spine.

Previous treatment has included acupuncture (amount unclear), massage therapy and medication. Medications include Lidocaine cream, Advil and Voltaren gel.

In a progress report dated 7/10/2020 (telemedicine), the injured worker reported pain in both hands and wrists radiating up to the elbows. The injured worker also complained of pain in the neck and right shoulder. The pain was described as burning and pulling. The injured worker reported numbness and tingling going into the right fourth and fifth digits. The pain was reduced from 4-5/10 to 2-3/10 for 2-3 days with acupuncture. The physical examination revealed the injured worker to be alert and oriented. The treatment plan included refill of Lidocaine 5% ointment and Voltaren 1% gel and 12 sessions of acupuncture for the bilateral hands, wrists, and forearms.

The request for authorization dated 7/14/2020 was for 12 sessions of acupuncture for the bilateral hands, wrists, and forearms.

The utilization review dated 7/21/2020 non-certified the request for acupuncture for the bilateral hands, wrists, and forearms for 12 sessions.

IMR DECISION SUMMARY

1. Acupuncture for the bilateral hands, wrists, and forearms for 12 sessions

Uphold UR decision

IMR DECISION(S) AND RATIONALE(S)

1. Acupuncture for the bilateral hands, wrists, and forearms for 12 sessions is not medically necessary and appropriate.

UR Evidence Cited:

MTUS Chronic Pain 2017 Guidelines.

IMR Evidence Cited:

MTUS Chronic Pain 2017 Guidelines, Section(s): Chronic Persistent Pain and Chronic Pain Syndrome.

IMR Rationale:

This 41-year-old male sustained an injury to both upper extremities on 2/15/19. Prior treatment included massage, activity modifications, and topical-oral medication. Additionally, there is a history of prior acupuncture care performed (undocumented number of sessions were rendered on unspecified dates with reported temporary gains described as "pain was reduced from 4-5/10 to 2-3/10 for 2-3 days").

In a report dated 7/10/20 (telemedicine follow up to due to COVID 19) it was documented neck, right shoulder, wrists-hands pain, radiating up to the elbows, rated 4-5/10. A limited physical exam was performed: gait is narrow. The treatment plan included additional acupuncture x 12 for the both forearms-wrists-hands. Work status: modified duties recommended, not currently working.

The request for authorization dated 7/14/20 for further acupuncture x 12 was not certified by the utilization review dated 7/21/20.

Based on the MTUS-guidelines, the acupuncture frequency/duration recommendations note: An initial trial of 5 to 6 appointments is recommended in combination with a conditioning program of aerobic and strengthening exercises. Future appointments should be tied to improvements in objective measures to justify an additional 6 sessions, for a total of 12 sessions.

The MTUS-guidelines note that additional treatments should only occur based on progressively greater, incremental objective gains. The same guidelines indicate that passive care (acupuncture) should be combined with active care (conditioning-aerobic-stretching exercise program). Indications for care discontinuation: resolution, intolerance, lack of measurable

improvements or non-compliance including non-compliance with aerobic and strengthening exercises.

Although it was reported prior acupuncture care as beneficial in reducing symptoms, it was not documented medication intake reduction, or activities of daily living and range of motion improvement. After an unknown number of prior acupuncture sessions, the provider failed to document the areas previously treated, the total number of sessions completed and any measurable, progressive, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture.

In addition, the request is for additional acupuncture x 12, a number that exceeds significantly the guidelines for continuation of care, without extraordinary circumstances documented to consider this case as an outlier to the MTUS-guidelines.

Additionally, there is no clear documentation indicating whether the patient is currently undergoing an independent exercise program (conditioning-aerobic-stretching exercise program based on patient's tolerance), which is required by the MTUS-guidelines.

Therefore, based on the lack of documentation demonstrating medication intake reduction, work restrictions reduction, activities of daily living improvement directly attributable to prior acupuncture or reporting any extraordinary circumstances to override the MTUS-guidelines recommendations, additional acupuncture x 12 is not medically necessary.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations, MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician, MAXIMUS is not liable for any consequences arising from these decisions.

UR Check off List

ADJ RCVD:

11/09/2020

5 DAY DUE DATE:

11/17/2020 ** 11/11 = Fed Holiday

UR RCVD:

11/11/2020

CLAIM#:

040519008736

CLAIMANT:

Jonathan Shockley

CorVel#:

139249073-UMO-33

CM ASSIGNED

Wendy Judd

Processor:

Phuong Herrera

Review Type:

Prospective

QA Reviewer:

Jimmy Tran

Category:

IMR

Jurisdiction:

California

WCIS#:

2019022115295475087374

Date of Injury:

02/15/2019

MEDICATION								
Determination	Type of Medication	Name of Medication	Dosage	# of Refills	Brand Name	Facility	Provider	Notes
Requested		Voltaren 1% Gel	#100	1	No			
Requested		Lidocaine 5% ointment	#60	1	No			

EMPLO YEE:

Jonathan Shockley

EMPLO YER:

Biotelemetry, Inc.

Employee Address:

1000 Sutter St.

San Francisco, CA 94109

Social Security Number:

217-25-7160

Date of Birth:

09/27/1978

INSURER/CARRIER:

Chubb & Son (WC) - Los Angeles, CA / Chubb & Son (WC) - Los Angeles, CA/

Adjuster Address:

PO Box 30850,

Los Angeles, CA 90030

Adjuster:

Mario Castro

Adjuster Phone:

(213) 612-0880

Adjuster Email:

Mario.Castro@Chubb.com

Adjuster Fax:

PRO VIDER:

Babak Jamasbi, MD

Provider Address:

1335 Stanford Ave.

Emeryville, CA 94608

Provider Ph / Fax:

(510) 647-5101 /(510) 647-5105

PLANTIFF ATTORNEY:

Farber & Co

Attorney Address:

333 Hegenberger Road #504

Oakland CA 94621

DEFENSE ATTORNEY:

Colantoni, Coll Marren, Phillips and

Attorney Address:

201 Spear Street #1100

San Francisco CA 94105

CASEMANAGER:

Hulbert, Barbara

Email address:

bhulbert@chubb.com

Does this file present an organizational conflict of interest? YES/NO If yes, return file to your supervisor for re-assignment

From:

DiPillo. Amy

To: Subject: **GM-ORCA-UR Referrals**

Date:

DUE 11.17 RFA Medication / 040519008736 Jonathan Shockley

Attachments:

Friday, November 13, 2020 6:30:21 AM

201109190615785623.pdf 201109190615785623.pdf image004.png

image004.png image005.png image002.png

From: Vega, Elena <Elena_Vega@CORVEL.com>
Sent: Thursday, November 12, 2020 4:05 PM
To: DiPillo, Amy <Amy_DiPillo@Corvel.com>

Subject: FW: ASSIGN TO ELENA-BODY PARTS** DUE 11.17 RFA Medication / 040519008736 Jonathan Shockley

Hello, please review per CO notes:

[3:07 PM] Vega, Elena

Hi Mario I am reviewing a RFA for claim # 040519008736 Jonathan Shockley Provider is requesting medication for cervical spine, bilateral upper arms, right forearm lesion ulnar lesion

CV shows left and right hand.

Would you like us to review or defer?

[3:08 PM] Castro, Mario A review

Thanks!

Elena Vega | Utilization Review Nurse Supervisor CorVel Corporation | Santa Ana P 714.385.8531 | F 866.448.4076 Elena_Vega@corvel.com | www.corvel.com



From: DiPillo, Amy Amy_DiPillo@Corvel.com Sent: Thursday, November 12, 2020 11:55 AM To: Vega, Elena Elena_Vega@CORVEL.com

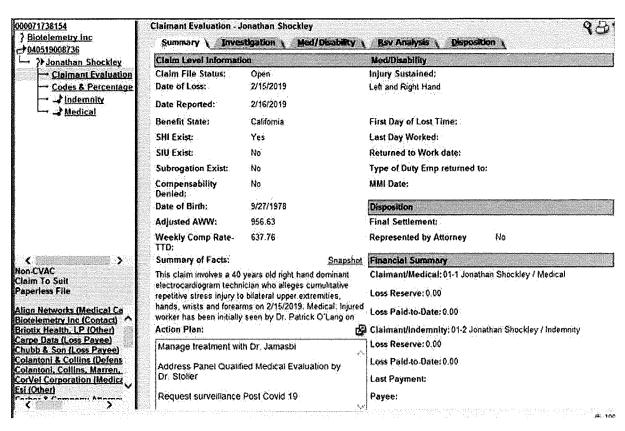
Subject: FW: ASSIGN TO ELENA-BODY PARTS** DUE 11.17 RFA Medication / 040519008736 Jonathan Shockley

From: Perez, Erika < Erika_Perez@Corvel.com>
Sent: Thursday, November 12, 2020 11:41 AM
To: DiPillo, Amy < Amy_DiPillo@Corvel.com>

Subject: ASSIGN TO ELENA-BODY PARTS** DUE 11.17 RFA Medication / 040519008736 Jonathan Shockley

Reference Number : UMR-26557426

CO - Mario Castro



Claimant Evaluation - Jonathan Shockley		9급:
<u>Summary</u> \ <u>Investigation</u> \ <u>M</u> ed/D	isability <u>R</u> sv Analysis <u>Disposition</u>	
Injury Sustained:	Defense IME:	图
Left and Right Hand	Christian Charles Colantoni Colantoni, Collins, Marren, Phillips and Tuli 201 Spear Street Suite 1100	· ÷
☐ Employee taken to Emergency Room w	vithin 24 hrs of injury	
Other medical treatment within 24 hour	rs	
	Claimant IME:	四
Impairment Disability %: 0.00 Impairment % Basis Code: <none></none>	Farber & Co 333 Hegenberger Road, Suite 504 Oakland, CA 94621 510-444-2512	
Surgery?	Represented By No Attorney:	
Permanency:	Disability Analysis:	囚
		A.
Pharmacy Card: Active Inactive	Ex Pay: O Active Inactive	
Medical Status:		P
Hand Center of San Francisco Patrick O Lang MD 601 Van Ness Ave. Ste. 2018 San Francisco, CA 94102		0
Co-Morbidity Factors: *None	•	IC/TCM Savings

Phuong Herrera | Adminstrative Assistant Corvel Corporation | Santa Ana, CA <u>Phuong_herrera@corvel.com</u> | www.corvel.com

From: Ventura, Maria < Maria. Ventura 2@Chubb.com >

Sent: Monday, November 9, 2020 5:25 PM

To: GM-ORCA-Chubb UR < GM-ORCA-Chubb_UR@CORVEL.com >

Subject: DUE 11.17 RFA Medication / 040519008736 Jonathan Shockley

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The original sender of this email is: Maria.Ventura2@Chubb.com

From: Fax2Mail <fax-1841185@reply.fax2mail.com>

Sent: Monday, November 9, 2020 4:07 PM

To: Laourclaimfax Admin < laourclaimfax@chubb.com>

Subject: 040519008736 Jonathan Shockley

You have received a document.

Sender's Name: gcamus Sender's Caller ID: 18889772986

Date/Time: November 9, 2020 07:06:20 PM EST

Number of Pages: 12

From geamus

18889772986

11/9/2020 15:57:03 PST

Page 01 of 12

State of California, Division of Workers' Compensation REQUEST FOR AUTHORIZATION DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

Check box if reque	st is a writto	n confin	yee faces an imminent r mation of a prior oral roc	ind seni Juost	Water Control of the Control		erial Facts
Employee Informatic	m.	al Calenda					-
Name (Last, First, Mic	ldle): Shock	dey, Joi	nalhan				
Date of Injury (MM/DI)/YYYY): 02	/15/2019	9	Date	of Birth (MM/DD/YY	YY): 09/27/19	78
Claim Number: 04051	9008736		······································	Empl	oyer: Biotelemetry,	Inc	10-1
Requesting Physicia	n Informati	on,		7	-	Name and	
Name: Dr. Jamasbi, I	Babak J,						
Practice Name: PRCI	/G			Contac	d Name:Geneza fo	r Christian G.	•
Address: 1335 Stanfo	rd Ave			City:	Emeryviile		State: CA
Zip Code: 94608	Ph	one: 510	0-647-5101 ext 471	Fax	lumber: 510-647-51	05	
Specialty: Pain Mana	gement			NPIN	lumber: 137663719	9	
E-mail Address:							
Claims Administrato	r Informatio	on'7×3	ortografia de la competito de	diciminate	n aug Callanath, a lannathachailte an tairt	ero/sulfactions.com	entititus yn en en vernen en
Company Name;Chul	ob Son of F	Federal	Ins Company	Conta	act Name: Castro, I	viario	
Address: P.O. Box 4	2065			City:	Phoenix		State:AZ
Zip Code; 85080	Ph	one; 21:	3-612-5378	Fax	lumber; 800-664-17	65	
E-mail Address:							
			for guldance; attache				
of the attached medic	al report on	which ti	vices, goods, or items in he requested treatment at if the space below is i	can be	found. Up to five (5		
Diagnosis (Required)	ICD-Co (Requir		Service/Good Reque (Required)	sted	CPT/HCPCS Code (If known)	(Freque	information: ncy, Duration nlity, etc.)
Gervical disc disorder with radiculopathy, unspectified cervical region Other soft tissue disorders related to use, overuse and pressure, right upper arm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, right forcarm	M70.832, M70.831, M70.822, M70.821, Z79.899, M G56.20	150.10,	1 Voltaren 1% Gel SIG 2-3 grams to affected upt 0.4 times dally QT 100.00 REF: 1 update s 2 Lidocaine 5% Ointme SIG: Apply 2-3 grams t affected area up 10.4 ti daily QTY: 60.00 REF:	area Y: elg ont o mes			

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State of California, Division of Workers' Compensation REQUEST FOR AUTHORIZATION **DWC Form RFA**

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

	•	oyee faces an imminent a rmation of a prior oral req	nd seri	I Resubmission – Cous threat to his or h		erial Facts				
Employee Informatio	in this enclosure also rethe			en en volument de la companya de la						
Name (Last, First, Mid	ldle): Shockley, Jo	onathan								
Date of Injury (MM/DD	Date of Injury (MM/DD/YYYY): 02/15/2019 Date of Birth (MM/DD/YYYY): 09/27/1978									
Claim Number: 04051	9008736		Empl	oyer: Biotelemetry,	Inc					
Requesting Physicia	n Information	kanan ka Kanan kanan ka		a in length with the high strategy of the second	erio de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición dela	eringen var der einer der eine der ein Ein der eine der ein				
Name: Dr. Jamasbi, I	Babak J,									
Practice Name: PRCM	1G		Conta	ct Name:Geneza fo	r Christian G.	•				
Address: 1335 Stanfo	ord Ave		City:	Emeryville		State: CA				
Zip Code: 94608	Phone: 5°	10-647-5101 ext 471	Fax N	Number: 510-647-5 1	05					
Specialty: Pain Manag	gement		NPI	งบmber: 137663719	9					
E-mail Address:										
Claims Administrato	r Information	Bulling and the state of the st	ar V medali	el an especial terror construction	ektelik aktibia tikok	enconstencents represent				
Company Name:Chul	b Son of Federa	l Ins Company	Conta	act Name: Castro, I	/lario					
Address: P.O. Box 42	2065		City:	Phoenix		State:AZ				
Zip Code: 85080	Phone: 2°	13-612-5378	Fax	Number: 800-664-17	· 65					
E-mail Address:										
Requested Treatmen	it (see instruction	s for guldance; attache	l addit	lonal pages If nece	issary)****					
		vices, goods, or items in								
		the requested treatment of) procedures r	may be entered;				
list additional requests	s on a separate sne T	eet if the space below is in	SUMICIE	nı.						
Diagnosis	ICD-Code	Service/Good Reques	ted	CPT/HCPCS		Information:				
(Required)	(Required)	(Required)		Code (If known)		ncy, Duration ntity, etc.)				
Cervical disc	M70.832,	1 Voltaren 1% Gel SIG:	Apply		~	····· 3 , ·····/				
disorder with	M70.831,	2-3 grams to affected a								
	M70.822,	upt o 4 times daily QT	′ :							
	M70.821,	100.00 REF: 1 update s	g							
region Other soft tissue	Z79.899, M50.10, G56.20	2 Lidocaine 5% Ointme	6							
disorders related to	356.20	SIG: Apply 2-3 grams to		Ē						
use, overuse and		affected area up to 4 tir								
pressure, right upper		daily QTY: 60.00 REF:								
arm										
Other soft tissue disorders related to										
use, overuse and										
pressure, left upper					•					
arm										
Other soft tissue disorders related to										
use, overuse and										
pressure, right										
forearm										
Lesion of ulnar										
nerve, unspecified	1			1						



Babak Jamasbi, MD | Brendan Morley, MD
Timothy Lo, MD | Arzhang Zereshki, MD | Neil Kamdar, MD | John Alchemy, MD

1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

Visit Note

Provider:

Supervising: Babak J, Jamasbi, M.D. Performing: Julia Fellows, PA-C

Encounter Date: Nov 06, 2020

Patient: Shockley, Jonathan (PT00023609)

Sex: Male

DOB: Sep 27, 1978 Age: 42 Year Race: Unreported/Refused to Report

Address: 1000 Sutter St Room 123, San Francisco CA 94109 Pref. Phone(H):

415-312-4029

Primary Dr.: Babak Jamasbi, M.D.

Referred By: Babak Jamasbi, M.D.

Injury Date: 02/15/2019 Employer: Biotelemetry, Inc

Case Insurance: Chubb Son of Federal Ins Company

Claim No.: 040519008736

VISIT TYPE:

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:

Mr. Shockley was not physically able to come into the office today due to compliance with the current National Emergency guidelines for the COVID-19 pandemic; therefore, a telemedicine follow-up visit was done today. The nature of telehealth consultation was discussed with the patient, including the risks, benefits and alternatives. The patient had opportunity to ask questions about the information and those questions were answered. The patient verbalized understanding and agreed to this telehealth consultation.

Received 12/28/2020 Pacific Workers'

upper limb										
		Date of Visit: Nov 06, 2020								
Treatment to be paid under t	he CA OMF	rs.								
Peer to Peer calls: Mon-Fri	3:30pm -5p	m PT. Plcase call (510) 647-5101 x0								
Date: 11/09/2020 at 03:53 PM(PT)										
	Bof No									
Requesting Physician	Signature	:								
Claims Administrato	/Utilizati	on Review Organization (URO) Res	onse semenere de la	nsviskskeveriuskere feru, kriteriorium underschier isterenter						
☐ Approved ☐ Denied or Modified (See separate decision letter) ☐ Delay (See separate notification of delay) ☐ Requested treatment has been previously denied ☐ Liability for treatment is disputed (See separate letter)										
Authorization Number	(if assign	Date:								
Authorized Agent Nam	18:		Signature:							
Phone:		Fax Number:	E-mail Address:							
Comments:										
1										

DWC Form RFA (Effective 2/2014)

Page 1

CC:

UR Department (if applicable):213-612-5785
Applicant Attorney (if applicable):Zachary Kweller, Esq. 866-819-6169

SUBJECTIVE COMPLAINTS:

Patient is presents via Facetime to follow up on pain in his arms and bilateral hands.

Patient denies acute changes to his pain complaints today. He continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists up to his clbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". He reports pain in his neck as well as numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment.

He has been approved for 6 sessions of aqua therapy but these are currently on hold as no pool facility is open due to COVID 19. Previously, the patient had been attending acupuncture therapy with benefit, but additional sessions have been denied on appeal.

He met with Dr. Gordon for a surgical consult on 7/22/20. We have this report for review today.

With regard to medication, he continues with Lidocaine cream and voltaren gel as topical medications. He denies side effects with his medications. He does request for refills today.

Patient reports that a few months back he took gabapentin briefly to see if it would improve his upper extremity pain. However this caused extreme fatigue which he still feels is occurring. Due to the fatigue, the patient he had some bloodwork done that showed elevated TSH. He attributes this elevation in TSH to his use of gabapentin and inquires about having this level repeated. This is discussed below.

Medical History:

PAST MEDICAL HISTORY

- 1. Bronchitis 2 years ago.
- 2. Eczema.
- 3. He had an episode of epilepsy and took Tegretol at age 10 or 11.
- 4. History of anxiety. He was taking Hydroxyzine but now does not take medication and just meditates.

PAST SURGICAL HISTORY

- 1. Adenoidectomy in 1987.
- 2. Lasik surgery in 2000.
- 3. Sympathectomy in 2000.
- 4. Right big toe bone spur removal in 2000.
- 5. Right Achilles tendon debridement in 2002.
- 6. Right Achilles tendon debridement in 2003.

Social History:

PSYCH/SOCIAL HISTORY

The patient does not smoke cigarettes.

The patient does not drink alcoholic beverages.

The patient does not use illicit drugs.

The patient is not married.

The patient has a significant other.

The patient has no children.

Patient does not have a family history of childhood abuse.

Patient does not have a family history of sexual abuse.

Epworth Scale is 0. The patient goes to bed, falls asleep and wakes up at variable times. The patient feels he gets adequate rest.

Family History:

*** FAMILY HISTORY

Patient does not have a family history of drug addiction.

Patient has a family history of chronic pain.

OBJECTIVE FINDINGS:

2014 E/M:

Constitutional - General Appearance:

Patient is near ideal body weight and is well groomed..

Orientation:

Patient is alert and oriented x3...

Mood and Affect:

Patient does not exhibit acute distress, anxiety, confusion, fatigue, lethargy, pain, tearfulness, or suicidal ideation.

Current Medications:

- 1. Lidocaine 5% Ointment Apply 2-3 grams to affected area up to 4 times daily
- 2. Voltaren 1% Gel Apply to affected area daily
- 3. Advil (OTC)
- 4. Aspirin Ec 81 Mg Tablet (OTC)

FORMAL REQUEST FOR AUTHORIZATION:

6 sessions of acupuncture 97813, 97814, 97026, 97124

Please submit as a change in material facts and attach Dr. Gordon's consult located in IMS documents.

This is a formal request for authorization of the medications within the "prescriptions" section of this note.

DIAGNOSIS:

M50.10 Cervical disc disorder with radiculopathy, unspecified cervical region

M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm

M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, right forearm Lesion of ulnar nerve, unspecified upper limb

PRESCRIPTION:

1 Voltaren 1% Gel SIG: Apply 2-3 grams to affected area upt o 4 times daily QTY: 100.00.

REF: 1 update sig Refill Added:

1 Lidocaine 5% Ointment SIG: Apply 2-3 grams to affected area up to 4 times daily QTY:

60.00. REF: 1

TREATMENT PLAN:

Assessment:

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hands. Massage therapy exacerbated his pain. He is not currently working.

The patient did have a QME with Dr. Stoller on 1/23/20. Per Dr. Stoller, the patient is not yet MMI. He recommends an upper extremity EMG to asses his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy. Cervical MRI was completed on 4/3/20 and is reviewed below, EMG was completed on 2/10/20 with Dr. Neeti Bathia, this shows demyelinating ulnar mononeuropathy bilaterally across the elbows, no evidence of median, radial, or cervical radiculopathy on either side.

Plan:

- With regard to the bilateral elbows, he was approved for a surgical consult to address bilateral ulnar neuropathy and did see Dr. Leonard Gordon on 7/22/20. Per this report, Dr. Gordon does not recommend any surgery. He also was not able to confirm the presense of ulnar neuropathy through physical exam despite it being present on the patient's EMG. The patient reportedly underwent a repeat EMG with Dr. Liberty Jenkins and apparently this report also showed the presense of ulnar neuropathy. We do not have this report for review.
- -Given that Dr. Gordon does not recommend a surgical intervention, we will resubmit for acupuncture with a change in material facts with his report attached.
- He has been approved for 6 sessions of aqua therapy for his wrists, hands, and elbows. These are currently on hold due to COVID19.
- With regard to the cervical spine, MRI of the cervical spine from 4/3/20 shows a 4mm left disc osteophyte at C5-C6 causing severe bilateral neural foraminal stenosis as well as a left paracentral disc protrusion at C6-C7, mild central stenosis from C5-C7. Severe bilateral neural foraminal stenosis at C5-C6 may be contributing to right shoulder and deltoid pain. We discussed CESI, the patient defers injections. Our request for surgical consultation with Dr. Paul Slosar was

deferred on the basis that his insurance is disputing liability for the body parts of the neck and the bilateral upper arms. Our recent re-request for surgical consultation for the neck, as well as TPI in the bilateral trapezius region, were deferred due to dispute of liability of the neck as part of his claim.

- -QME with Dr. Stoller has been postpone until 1/2021.
- With regard to his work restrictions, we have indicated that he can perform 1 hour of computer work in an 8 hour day, we are unable to determine how long these work restrictions are going to be in effect, this largely depends on how he continues to respond to treatment and if he receives adequate treatment for his cervical spine, which is currently being disputed as a covered body part despite having an MRI of the cervical spine authorized. Patient states that he was recently let go from his employer.
- With regard to medications, Voltaren gel and Lidocaine ointment refilled today. Gabapentin discontinued due to side effects. As mentioned above, the patient has been having considerable fatigue after trialing gabapentin for a short amount of time. He apparently had a abnormal TSH shortly after discontinuing gabapentin and he believe that he medication is responsible for the abnormal level. Since the patient took such a low dose for such a short amount of time, it is hard to say if gabapentin truly did cause the TSH level abnormality. He does feel that the fatigue is improving however so we will not be ordering a repeat level at this time.

Follow up in 4-6 weeks.

WORK STATUS:

WORK STATUS: The patient is not permanent and stationary.

Work restrictions:

- Repetitive activities using upper extremities limited to 1 hour in an 8 hour shift.
- Light computer work for up to an hour for an 8 hour shift.
- -No lifting, pushing, or pulling greater than 5 pounds

TIME SPENT:

Greater than 50% of the visit was spent in counseling and coordination of care. As such, time spent with the patient should be the guiding determinant in determining the level of evaluation and management services. 15 minutes were spent in direct face to face time with the patient. To expedite the process in which we may provide the appropriate treatment for our patient, please consider the following from California Labor Code section 4610:

(c) No person other than a licensed physician who is competent to evaluate the specific clinical issues involved in the medical treatment services, and where these services are within the scope of the physician's practice, requested by the physician may modify,

delay, or deny requests for authorization of medical treatment for reasons of medical necessity to cure and relieve.

-The services we are requesting fall under the specialty of "Interventional Pain Management" which is an official medical specialty as designated by the The Department of Health and Human Services Center for Medicare and Medicaid Services and which is defined as the discipline of medicine devoted to the diagnosis and treatment of pain and related disorders with the application of interventional techniques in managing subacute, chronic, persistent, and intractable pain, independently or in conjunction with other modalities of treatments. Interventional pain management services are characterized often by the placement of surgical length needles in the spine or areas adjacent to the spine to deliver anesthetic agents, to remove scar tissue, or to deliver a solution designed to interrupt a nerve's ability to transmit a pain sensation.

Physicians from many backgrounds including Anesthesiology and Physical Medicine and Rehabilitation (Physiatry) practice what may be described as "Interventional Pain Management", so long as the physician has undergone rigorous training in or devotes a significant portion of his or her practice to the performance of interventional pain management procedures, typically under fluoroscopic guidance, and is familiar with the current medical literature regarding such techniques.

- (f) The criteria or guidelines used in the utilization review process to determine whether to approve, modify, delay, or deny medical treatment services shall be all of the following:
- (4) Disclosed to the physician and the employee, if used as the basis of a decision to modify, delay, or deny services in a specified case under review.
- (g) (1) Prospective or concurrent decisions shall be made in a timely fashion that is appropriate for the nature of the employee's condition, not to exceed five working days from the receipt of the information reasonably necessary to make the determination, but in no event more than 14 days from the date of the medical treatment recommendation by the physician.
- (4) "Responses regarding decisions to modify, delay, or deny medical treatment services requested by physicians shall include a clear and concise explanation of the reasons for the employer's decision, a description of the criteria or guidelines used, and the clinical reasons for the decisions regarding medical necessity".
- (5) If the employer, insurer, or other entity cannot make a decision within the timeframes specified in paragraph (1) or (2) because the employer or other entity is not in receipt of all of the

information reasonably necessary and requested, because the employer requires consultation by an expert reviewer, or because the employer has asked that an additional examination or test be performed upon the employee that is reasonable and consistent with good medical practice, the employer shall immediately notify the physician and the employee, in writing, that the employer cannot make a decision within the required timeframe, and specify the information requested but not received, the expert reviewer to be consulted, or the additional examinations or tests required. The employer shall also notify the physician and employee of the anticipated date on which a decision may be rendered. Upon receipt of all information reasonably necessary and requested by the employer, the employer shall approve, modify, or deny the request for authorization within the timeframes specified in paragraph (1) or (2). "I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend of accounts or other consideration, whether in the form of money or otherwise, or compensation or inducement for any referred evaluation or examination."

Please consider the treatment plan as a formal request for preauthorization services described therein. In the event that the written denial, authorization or notice of delay is not received by our office within 7 business days with a description of the review by a qualified physician with training in pain management and/or physical medicine and rehabilitation expertise (as per the dictates of the California Code of Regulation 9792.6) we will assume de facto authorization.

If prior pre-authorization has been requested in an earlier report or therapeutic plan, please consider the date of the prior request as applicable for the purposes of the formal date of request. *Dr. Morley and Dr. Jamasbi hold a financial interest in Bay Surgery Center. The Northern California Functional Restoration Program is an integral part of Pain and Rehabilitative Consultants Medical Group.

JUSTIFICATION:

Lidoderm Patch: The following has been recommended regarding Lidoderm Patch in the MTUS/ACOEM guidelines

Lidocaine Patches for Neuropathic Pain Moderately Recommended.

Lidocaine patches are moderately recommended for treatment of postherpetic neuralgia when there is localized pain amenable to topical treatment.

Strength of Evidence – Moderately Recommended, Evidence (B)

Level of Confidence – Moderate

Indications: Moderate to severe peripheral neuropathic pain that includes superficial pain generation (e.g., postherpetic neuralgia), peripheral nerve injury, and possibly some toxic neuropathies with superficial pain generation [1190-1192]. One quality trial [1193] evaluated treatment of CTS with pain as a central complaint when other treatable causes of the pain have been eliminated and after more efficacious treatment strategies, such as splinting and glucocorticosteroid injection(s), have been attempted.

Benefits: Modest improvements in pain

Harms: Dermal irritation and intolerance; may have adverse systemic effects if widespread applications of numerous patches

Frequency/Dosc/Duration: Lidocaine patch 5%, up to 4 patches applied up to 12 hrs/day. Duration of use may be ongoing for chronic, localized pain, although most patients do not require indefinite treatment. Caution is warranted regarding widespread use of topical anesthetics for potential systemic effects from widespread administration.[221] Topical 5% lidocaine medicated plaster has also been used [1194-1197], as well as lidocaine spray [1198]

Indications for Discontinuation: Resolution, intolerance, adverse effects, lack of benefits, or failure to progress over a trial of at least 2 weeks.

Rationale: Lidocaine patches have been reportedly effective for treatment of localize peripheral neuropathic pain [1190-1192]. Topical lidocaine has been suggested to improve pain associated with CTS and appears to be somewhat more effective than naproxen.[222] This provides some basis for a consensus recommendation for treatment of peripheral neuropathic pain. Lidocaine patches are not invasive, generally have a low adverse effect profile, are moderately costly, have some evidence of efficacy for treatment of carpal tunnel syndrome and thus are recommended for treatment of peripheral neuropathic pain. It is not recommended for central neuropathic pain.

Evidence: A comprehensive literature search was conducted using PubMed, Scopus, CINAHL, and Google Scholar without date limits using the following terms: neuropathic pain, nerve pain, neuralgia; controlled clinical trial, controlled trials, randomized controlled trials, random allocation, random*, randomized, randomization, randomly; systematic, systematic review, retrospective, and prospective studies. We found and reviewed 1413 articles in PubMed, 917 in Scopus, 176 in CINAHL, 9,630 in Google Scholar and 0 from other sources. We considered for inclusion 349 from PubMed, 0 from Scopus, 12 from CINAHL, 0 from Google Scholar and 0 from other sources. Of the 361 articles considered for inclusion, 238 randomized controlled trials and 123 systematic reviews met the inclusion criteria. A comprehensive literature search since 2012 was conducted using PubMed using the following terms: diabetic neuropathy; controlled clinical trial, controlled trials, randomized controlled trial,

assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

Followup:

4 Week(s)

CC:

Kweller, Esq., Zachary: 11/09/2020

Castro, Mario : 11/09/2020 UR, Chubb : 11/09/2020

This visit note has been electronically signed off by Fellows, Julia, PA-C on 11/09/2020

UR Check off List

ADJ RCVD:

09/29/2020

5 DAY DUE DATE:

10/06/2020

UR RCVD:

10/02/2020

CLAIM#:

040519008736

CLAIMANT:

Jonathan Shockley

Cor Vel #:

139249073-UMO-32

CM ASSIGNED

Elena Vega

Processor:

Phuong Herrera

Review Type:

Prospective

QA Reviewer:

Jimmy Tran

Category:

rrospectiv

IMR

Jurisdiction:

California

WCIS#:

2019022115295475087374

Date of Injury:

02/15/2019

MEDICATION									
Determination	Type of Medication	Name of Medication	Dosage	# of Refills	Brand Name	Facility	Provider	Notes	
Requested		Lidocaine 5% Ointment	#60		No				
Requested		Voltaren 1% Gel	#1		No	-			

EMPLO YEE:

Jonathan Shockley

EMPLOYER:

Biotelemetry, Inc.

Employee Address:

1000 Sutter St.

San Francisco, CA 94109

Social Security Number:

217-25-7160

Date of Birth:

09/27/1978

INSURER/CARRIER:

Chubb & Son (WC) - Los Angeles, CA / Chubb & Son (WC) - Los Angeles, CA/

Adjuster Address:

PO Box 30850,

Los Angeles, CA 90030

Adjuster:

Mario Castro

Adjuster Phone:

(213) 612-0880

Adjuster Email:

Mario.Castro@Chubb.com

Adjuster Fax:

PRO VIDER:

Babak Jamasbi, MD

Provider Address:

1335 Stanford Ave.

Emeryville, CA 94608

Provider Ph / Fax:

(510) 647-5101 /(510) 847-5105

PLANTIFF ATTORNEY:

Farber & Co

Attorney Address:

333 Hegenberger Road #504

Oakland CA 94621

DEFENSE ATTORNEY:

Colantoni, Coll Marren, Phillips and

Attorney Address:

201 Spear Street #1100

San Francisco CA 94105

CASE MANAGER:

Hulbert, Barbara

Email address:

bhulbert@chubb.com

From:

Nouven, Samantha

To:

GM-ORCA-UR Referrals

Subject:

FW: DUE 10.6 RFA Medication / 040519008736 Jonathan Shockley **ASSIGN TO ELENA-QUESTION BODY PARTS**

Date:

Friday, October 2, 2020 10:47:40 AM

Attachments:

200929163978255464.pdf Binder1.pdf

From: GM-ORCA-Chubb UR <GM-ORCA-Chubb_UR@CORVEL.com>

Sent: Friday, October 2, 2020 9:38 AM

To: GM-ORCA-Chubb UR < GM-ORCA-Chubb UR@CORVEL.com> Subject: DUE 10.6 RFA Medication / 040519008736 Jonathan Shockley

Reference Number: UMR-26419491

Phuong Herrera I Adminstrative Assistant Corvel Corporation I Santa Ana, CA Phuong herrera@corvel.com | www.corvel.com

From: Ventura, Maria < Maria. Ventura 2@Chubb.com >

Sent: Thursday, October 1, 2020 3:23 PM

To: GM-ORCA-Chubb UR < GM-ORCA-Chubb UR@CORVEL.com> Subject: DUE 10.6 RFA Medication / 040519008736 Jonathan Shockley

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Sent: Thursday, October 1, 2020 11:50 AM

To: Laourclaimfax Admin < laourclaimfax@chubb.com>

Subject: 040519008736 Jonathan Shockley

From: Fax2Mail < fax-2658734@reply.fax2mail.com> Sent: Tuesday, September 29, 2020 1:40 PM

To: Claims-Faxes-Casualty < claimsfaxes-casualty@chubb.com> Subject: [EXTERNAL] 09/29/20,04:39:43 PM,10,<Unknown>

You have received a document.

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gcamus

Sender's Caller ID:

Date/Time:

September 29, 2020 04:39:43 PM EDT

Number of Pages: 10

Does this file present an organizational conflict of interest? YES/NO If yes, return file to your supervisor for re-assignment

From genmus 16889772966 9729/2020 13:32:02 PDT Page 01 of 10

State of California, Division of Workers' Compensation REQUEST FOR AUTHORIZATION DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

		oyee faces an imminent irmation of a prior oral ro	and seri	D Resubmission – Cl ous threat to his or h		rial Facts
Employee Informatic	101					
Name (Last, First, Mic						
Date of Injury (MM/DE)/YYYY); 02/15/20	19	Date	of Birth (MM/DD/YY	/Y): 09/27/197	78
Claim Number: 04051	9008736	· · · · · · · · · · · · · · · · · · ·	Empl	oyer: Biotelemetry,	Inc	
Requesting Physicia	in Information,	A STATE OF THE STA				
Name: Dr. Jamasbi,	Babak J,					
Practico Namo; PRCI	/IG		Contac	:l Name:Geneza for	Christian	
Address: 1335 Stanfo	ord Ave		City:	Emeryville		State: CA
Zip Code: 94608	Phone: 5	10-647-5101 ext 471	Faxi	lumber: 510-647-51:)5	
Specially: Pain Mana	goment		NPIN	lumber: 137663719!)	
E-mail Address;						
Claims Administrato	r Information 💝	teriorista in construction de la c	nd sprintered as	e transferance, heaven to be taken		more consistent and a second
Company Name:Chu	bb Son of Federa	al Ins Company	Conta	ict Name: Castro. M	arlo	
Address: P.O. Box 4	2065		City:	Phoenix		State:AZ
Zip Code: 85080	Phone: 2	13-612-5378	Faxi	Jumber: 800-664-17	35	
E-mail Address:						
		is for guldance; attach				
of the attached medic	al report on which	rvices, goods, or items i the requested treatmen eet if the space below is i	it can be	found. Up to five (5)	procedures n	nay be entered;
Diagnosis (Required)	(Required)	Service/Good Requ (Required)	ested	CPT/HCPGS Other Information: (Frequency, Duratic Quantity, etc.)		
Cervical disc disorder with radiculopathy, unspecified cervical region Other soft tissue disorders related to use, overuse and pressure, right upper arm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, right forcarm Lesion of ulnar norve, unspecified	M70.832, M70.831, M70.822, M70.821, Z79.899, M50.10 G56.20	1 Lidocaine 5% Ointri SIG; Apply 2-3 grams affected area up to 4 daily QTY; 60.00 2 Voltaren 1% Gel SI to affected area daily 1.00	to times G: Apply			

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Claim Level Information Claim File Status: Open Date of Loss: 2/15/20		11000
evel Information le Status: 0		
		Med/Disability
	Open	Injury Sustained:
	2/15/2019	Left and Right Hand
Date Reported: 2/	2/16/2019	
Benefit State: C:	California	First Day of Lost Time:
SHI Exist:		Last Day Worked:
SIU Exist:		Returned to Work date:
Subrogation Exist: No		Type of Duty Emp returned to:
sability		MMI Date:
i d :		Disposition
Adjusted AWW: 96		Final Settlement:
Weekly Comp Rate- 63 TTD:		Represented by Attorney No
Summary of Facts:	Snapshot F	Financial Summary
n involves a 40 year		Claimant/Medical: 01-1 Jonathan Shockley / Medical
irdiogram techniciar stress injury to bila	ġ.	Loss Reserve: 56, 709, 00 USD
rists and forearms (Loss Paid-to-Date: 16,625.30 USD
Action Plan:		Claimant/Indemnity: 01-2 Jonathan Shockley / Indemnity
treatment with Di	**	Loss Reserve: 75,803.00 USD
s Panel Qualified I		Loss Paid-to-Date: 40,830.01 USD
Dr. Stoller		Last Payment: 1275.52 USD 10/01/2020
t surveillance Pos		Payee: Jonathan Shockley
		Chinama Data Data Data Data Data Data Data D
SHI Exist Slu Exist Subrogat Compens Denied: Date of B Adjusted Weekly (TTD: Summary This claim electrocar repetitive worker ha Manage Address Dr. Stolli Request	SHI Exist: Subrogation Exist: Subrogation Exist: Subrogation Exist: Sumpensability Noenied: Date of Birth: Adjusted AWW: Summary of Facts: Summary of Facts: Summary of Facts: Summary of Pacts: Summary of Pacts: Summary of Pacts: Summary of Jacts: Summary of Facts: Summary of Facts: Summary of Jacts: Summary of Facts: Summary of Facts:	Yes No No No 9/27/1978 9/27/1978 9/27/1978 9/6.63 USD 637.76 USD 637.76 USD Anapsh To bilateral upper extremities, arms on 2/15/2019. Medical: Injur lly seen by Dr. Patrick O'Lang on lifted Medical Evaluation by e Post Covid 19

Claimant Evaluation - Jonathan Shockley		(1) (1) (1)
Summary Investigation Med/Disability	ty Rev Analysis Disposition	
Injury Sustained:	Defense IME:	Q
Left and Right Hand	Christian Charles Colantoni Colantoni, Collins, Marren, Phillips and Tulk 201 Spear Street Suite 1100	< >
☐ Employee taken to Emergency Room within 24 hrs of injury ☐ Other medical treatment within 24 hours	24 hrs.of injury	
Ovrd Inj Grp: <a href="</td"><td>Claimant IME:</td><td>4</td>	Claimant IME:	4
Impairment Disability %: 0.00	Farber & Co 333 Hegenberger Road, Suite 504 Oakland, CA 94621 510-444-2512	()

☐ Resubmission – Change in Material Facts

State of California, Division of Workers' Compensation REQUEST FOR AUTHORIZATION DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

■ New Request

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Date of Injury (MM/DD/YYYY): 02/15/2019					of Birth (MM/DD/YY		78	
Claim Number; 040519008736					oyer: Biotelemetry,			
Requesting Physician Information								
Name: Dr. Jamasbi,	Babak J	١,						
Practice Name: PRCMG					Contact Name:Geneza for Christian			
Address: 1335 Stanfo	ord Ave			City: Emeryville State: CA				
Zip Code: 94608		Phone: 5°	10-647-5101 ext 471	Fax N	Jumber: 510-647-5 1	105		
Specialty: Pain Mana	Specialty: Pain Management				NPI Number: 1376637199			
E-mail Address:								
Claims Administrator Information					CONSTRUCTION STRUCTURES	are of that it dependents an profes		
Company Name:Chubb Son of Federal Ins Company					Contact Name: Castro, Mario			
Address: P.O. Box 42065				City:	Phoenix		State:AZ	
Zip Code; 85080			13-612-5378	Fax N	Jumber: 800-664 - 17	765		
E-mail Address:			•					
Requested Treatmen	it (see i	nstruction	is for guldance; attached	addit	ional pages if nece	assary)*****		
of the attached medic	al repor	t on which	vices, goods, or items in the requested treatment of set if the space below is in	an be	found. Up to five (5			
iist additional requests	on a se	parate site	set if the space below is in	Sumor	71114	54		
Diagnosis (Required)		O-Code quired)	Service/Good Reques (Required)	ted	CPT/HCPCS Code (If known)	(Freque	Information: ncy, Duration ntity, etc.)	
Cervical disc disorder with radiculopathy, unspecified cervical region Other soft tissue disorders related to use, overuse and pressure, right upper arm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, right forearm Lesion of ulnar nerve, unspecified	G56.20	:1, :2, :1, 9, M50.10,	1 Lidocaine 5% Ointmet SIG: Apply 2-3 grams to affected area up to 4 tin daily QTY: 60.00 2 Voltaren 1% Gel SIG: to affected area daily C 1.00	nes Apply				



Babak Jamasbi, MD | Brendan Morley, MD
Timothy Lo, MD | Arzhang Zereshki, MD | Neil Kamdar, MD | John Alchemy, MD

1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

Visit Note

Provider:

Supervising: Babak J, Jamasbi, M.D. Performing: Jessica Aikin, PA-C

Encounter Date: Sep 25, 2020

Patient: Shockley, Jonathan (PT00023609)

Sex: Male

DOB: Sep 27, 1978 Age: 41 Year Race: Unreported/Refused to Report

Address: 1000 Sutter St Room 123, San Francisco CA 94109 Pref. Phone(H):

415-312-4029

Primary Dr.: Babak Jamasbi, M.D.

Referred By: Babak Jamasbi, M.D.

Injury Date: 02/15/2019 Employer: Biotelemetry, Inc

Case Insurance: Chubb Son of Federal Ins Company

Claim No.: 040519008736

VISIT TYPE:

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:

Mr. Shockley was not physically able to come into the office today due to compliance with the current National Emergency guidelines for the COVID-19 pandemic; therefore, a telemedicine follow-up visit was done today. The nature of telehealth consultation was discussed with the patient, including the risks, benefits and alternatives. The patient had opportunity to ask questions about the information and those questions were answered. The patient verbalized understanding and agreed to this telehealth consultation.

SUBJECTIVE COMPLAINTS:

Received 12/28/2020 Pacific Workers'

upper limb							
	Date of Visit: Sep 25, 2020						
Treatment to be paid under the CA C	DMFS.						
Peer to Peer calls: Mon-Fri 3:30pm	-5pm PT. Please call (510) 647-5101 x0						
			Date: 09/29/2020 at 12:59 PM(PT)				
Boff Non							
Requesting Physician Signature:							
:Glaims:Administrator/Utiliz	ation/Review/Organization (URO)/Res	ponse www.	rate incrementary particular and excession emissions.				
☐ Approved ☐ Denied or I	Modified (See separate decision letter) I been previously denied ☐ Liability for	Delay (See sep	arate notification of delay)				
Authorization Number (if assigned): Date:							
Authorized Agent Name:		Signature:	ature:				
Phone:	Fax Number:	E-mail Address:					
Comments:							

DWC Form RFA (Effective 2/2014)

Page 1

CC:

UR Department (if applicable):213-612-5785
Applicant Attorney (if applicable):Zachary Kweller, Esq. 866-819-6169

Patient is here via Facetime to follow up on pain in his arms and bilateral hands.

Patient denies acute changes to his pain complaints today. He continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists up to his elbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". He reports pain in his neck as well as numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment.

He has been approved for 6 sessions of aqua therapy.

With regard to medication, he continues with Lidocaine cream and voltaren gel as topical medications. He denies side effects with his medications. He does request for refills today. He took one tablet of gabapentin that was prescribed at his previous visit, and he reports extreme fatigue for days from this medication.

Medical History:

PAST MEDICAL HISTORY

- 1. Bronchitis 2 years ago.
- 2. Eczema.
- 3. He had an episode of epilepsy and took Tegretol at age 10 or 11.
- 4. History of anxiety. He was taking Hydroxyzine but now does not take medication and just meditates.

PAST SURGICAL HISTORY

- 1. Adenoidectomy in 1987.
- 2. Lasik surgery in 2000.
- 3. Sympathectomy in 2000.
- 4. Right big toe bone spur removal in 2000.
- 5. Right Achilles tendon debridement in 2002.
- 6. Right Achilles tendon debridement in 2003.

Social History:

PSYCH/SOCIAL HISTORY

The patient does not smoke cigarettes.

The patient does not drink alcoholic beverages.

The patient does not use illicit drugs.

The patient is not married.

The patient has a significant other.

The patient has no children.

Patient does not have a family history of childhood abuse.

Patient does not have a family history of sexual abuse.

Epworth Scale is 0. The patient goes to bed, falls asleep and wakes up at variable times. The patient feels he gets adequate rest.

OBJECTIVE FINDINGS:

Mental Status: The patient is awake, alert and fully oriented with normal speech and language. Appropriately conversant, pleasant, cooperates with exam.

Spine:

Upright spinal posture

Motor:

Patient is able to stand up from a chair unassisted.

Gait is narrow based and steady.

UE/LE muscle strength:

Bilateral upper and lower extremity strength appear intact on non-confrontational movement exam, without evidence for foot drop or other observable weakness. Normal bulk and tone. No atrophy noted.

Current Medications:

- 1. Lidocaine 5% Ointment Apply 2-3 grams to affected area up to 4 times daily
- 2. Voltaren 1% Gel Apply to affected area daily
- 3. Gabapentin 300 Mg Capsule Take one QHS
- 4. Advil (OTC)
- 5. Aspirin Ec 81 Mg Tablet (OTC)

FORMAL REQUEST FOR AUTHORIZATION:

This is a formal request for authorization of the medications within the "prescriptions" section of this note.

DIAGNOSIS:

M50.10	Cervical disc disorder with radiculopathy, unspecified cervical region
M70.821	Other soft tissue disorders related to use, overuse and pressure, right upper arm
M70.822	Other soft tissue disorders related to use, overuse and pressure, left upper arm
M70.831	Other soft tissue disorders related to use, overuse and pressure, right forearm
G56.20	Lesion of ulnar nerve, unspecified upper limb

PRESCRIPTION:

Refill Added:

- 1 Lidocaine 5% Ointment SIG: Apply 2-3 grams to affected area up to 4 times daily QTY:
- 2 Voltaren 1% Gel SIG: Apply to affected area daily QTY: 1.00.

TREATMENT PLAN:

Assessment:

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hands. Massage therapy exacerbated his pain. He is not currently working.

The patient did have a QME with Dr. Stoller on 1/23/20. Per Dr. Stoller, the patient is not yet MMI. He recommends an upper extremity EMG to asses his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy. Cervical MRI was completed on 4/3/20 and is reviewed below, EMG was completed on 2/10/20 with Dr. Neeti Bathia, this shows demyelinating ulnar mononeuropathy bilaterally across the elbows, no evidence of median, radial, or cervical radiculopathy on either side.

Plan:

- With regard to the bilateral elbows, he was approved for a surgical consult to address bilateral ulnar neuropathy and did see Dr. Leonard Gordon on 7/22/20. Per the patient, he is not being recommended for surgery. We have requested for Dr. Gordon's report as well as Dr. Liberty Jenkins new EMG report.
- The patient has a QME re-evaluation with Dr. Stoller, which has now been postponed until January 2021.
- Our request for 12 additional sessions of acupuncture has been denied on appeal and submitted for IMR review, no updates today. He has been approved for 6 sessions of aqua therapy for his wrists, hands, and elbows. We will monitor his response to this treatment.
- With regard to the cervical spine, MRI of the cervical spine from 4/3/20 shows a 4mm left disc osteophyte at C5-C6 causing severe bilateral neural foraminal stenosis as well as a left paracentral disc protrusion at C6-C7, mild central stenosis from C5-C7. Severe bilateral neural foraminal stenosis at C5-C6 may be contributing to right shoulder and deltoid pain. We discussed CESI, the patient defers injections. Our request for surgical consultation with Dr. Paul Slosar was deferred on the basis that his insurance is disputing liability for the body parts of the neck and the bilateral upper arms. Our recent re-request for surgical consultation for the neck, as well as TPI in the bilateral trapezius region, were deferred due to dispute of liability of the neck as part of his claim.
- With regard to his work restrictions, we have indicated that he can perform 1 hour of computer work in an 8 hour day, we are unable to determine how long these work restrictions are going to be in effect, this largely depends on how he continues to respond to treatment and if he receives adequate treatment for his cervical spine, which is currently being disputed as a covered body part despite having an MRI of the cervical spine authorized.
- With regard to medications, Voltaren gel and Lidocaine ointment refilled today. Gabapentin discontinued due to side effects.

Follow up in 4-6 weeks.

WORK STATUS:

WORK STATUS: The patient is not permanent and stationary.

Work restrictions:

- Repetitive activities using upper extremities limited to 1 hour in an 8 hour shift.
- Light computer work for up to an hour for an 8 hour shift.
- -No lifting, pushing, or pulling greater than 5 pounds

TIME SPENT:

Greater than 50% of the visit was spent in counseling and coordination of care. As such, time spent with the patient should be the guiding determinant in determining the level of evaluation and management services. 15 minutes were spent in direct face to face time with the patient. "I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend of accounts or other consideration, whether in the form of money or otherwise, or compensation or inducement for any referred evaluation or examination."

Please consider the treatment plan as a formal request for preauthorization services described therein. In the event that the written denial, authorization or notice of delay is not received by our office within 7 business days with a description of the review by a qualified physician with training in pain management and/or physical medicine and rehabilitation expertise (as per the dictates of the California Code of Regulation 9792.6) we will assume de facto authorization.

If prior pre-authorization has been requested in an earlier report or therapeutic plan, please consider the date of the prior request as applicable for the purposes of the formal date of request. *Dr. Morley and Dr. Jamasbi hold a financial interest in Bay Surgery Center. The Northern California Functional Restoration Program is an integral part of Pain and Rehabilitative Consultants Medical Group.

JUSTIFICATION:

Lidocaine cream: The following has been recommended regarding Lidocaine in the ODG guidelines:

Lidocaine: Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. See Criteria for use below. Topical lidocaine, in the formulation of a

dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-prurities. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. Indications: Recommended for localized pain that is consistent with a neuropathic etiology after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine patches are generally not recommended for non-neuropathic pain (including osteoarthritis or myofascial pain/trigger points). See Criteria for use below. Most studies have utilized the Neuropathic Pain Scale (NPS) as measure of neuropathy when there are questions of whether this is the cause of pain. There is limited information as to long-term efficacy and continued information as to outcomes should be provided to allow for on-going use. (Argoff, 2004) (Galer, 2004) (Argoff, 2006) (Dworkin, 2007) (Khaliq-2009) (Burch, 2004) (Gimbel, 2005) (Dworkin, 2003) (Finnerup, 2005) (O'Connor, 2009) Discussion about specific details of these studies are given in detail with references. Trigger points & myofascial pain: Not recommended. (Affaitati, 2009) (Dalpaiz, 2004) Osteoarthritis of the knee: Not generally recommended unless a component of neuropathy is indicated using measures such as the Neuropathic Pain Scale. All current available studies were sponsored by the manufacturer of lidocaine patches and are non-controlled, and of short-term in duration. (Burch, 2004) (Kivitz, 2008) Axial back pain (including ostcoarthritis): Not recommended unless neuropathy is suggested. Current studies as to use of Lidoderm patches for non-neuropathic low back pain are non-controlled, may or may not evaluate for the presence of neuropathic quality, have included multiple stages of pain (from acute to chronic), have included multiple diagnoses, show limited results in pain reduction, and are generally sponsored by the manufacturer. Acute groups have had better results than chronic pain patients, which may be attributed to natural recovery. (Gimbel, 2005) (Galer, 2004) (Argoff, 2004) The FDA has approved a Lidocaine/ tetracaine cream (Pliaglis®) for local analgesia. This is only indicated for superficial aesthetic procedures, such as dermal filler injection, pulsed dye laser therapy, facial laser resurfacing, and laser-assisted tattoo removal. (FDA, 2013).

Voltaren Gel: The following has been recommended regarding Voltaren gel in the MTUS/ACOEM guidelines

Topical NSAIDs are selectively recommended for treatment of chronic persistent pain where target tissue is superficially located.

Strength of Evidence – Recommended, Insufficient Evidence (I)

Level of Confidence - Low

Indications: Chronic persistent pain in a superficial area that is amenable to a topical agent. Should generally have intolerance of, or another indication against oral NSAID use.

Benefits: Improvement in pain and function. Avoidance of gastrointestinal adverse effects of some NSAIDs.

Harms: Irritation, allergy, having to use on skin that may interfere with some job performance needs

Frequency/Dose/Duration: Per manufacturer's recommendations

Indications for Discontinuation: Resolution, intolerance, adverse effects, or lack of benefits.

Rationale: There are no quality studies of treating chronic persistent pain with topical NSAIDs. The target tissue for most, but not all chronic persistent pain with an occupational basis is generally too deep for justification of use of topical NSAIDs. Topical NSAIDs are not invasive, have low adverse effects, are high cost for a typical treatment regimen, and are selectively recommended for treatment of conditions amenable to topical treatment who generally also have intolerance or other contraindication for oral NSAID use.

Evidence: There are high- and moderate-quality RCTs incorporated into this analysis. There are no quality studies evaluating topical NSAIDs for treatment of chronic persistent pain syndrome.

It has been brought to our attention that on occasion there has been some confusion in regards to prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

Followup: 6 Week(s) with Julia Fellows, PA-C

CC:

Kweller, Esq., Zachary: 09/29/2020

Castro, Mario: 09/29/2020

This visit note has been electronically signed off by Jamasbi, Babak J., M.D. on 09/27/2020

UR Check off List

ADJ RCVD:

09/11/2020

5 DAY DUE DATE:

09/18/2020

UR RCVD:

09/11/2020

CLAIM #:

040519008736

CLAIMANT:

Jonathan Shockley

CorVel #:

139249073-UMO-30

CM ASSIGNED

Ann Collier

Processor:

Vy

Review Type:

Prospective

QA Reviewer:

Valerie Cordero

Category:

IMR

Jurisdiction:

California

WCIS#:

N/A

Date of Injury:

02/15/2019

THERAPY									
Determination	Type of Therapy	Total # Visits	Total Visits/ Week	Total Weeks	Body Part	CPT	Facility	Provider	Notes
Requested	Other - Aquatic Therapy	6	0	0	Left - Elbow, Left - Wrist(s) & Deft - Wrist(s), Right - Elbow, Right - Wrist(s) & Deft - Wrist(s)	97113			

EMPLOYEE:

Jonathan Shockley

EMPLOYER:

Biotelemetry, Inc.

Employee Address:

1000 Sutter St.

San Francisco, CA 94109

Social Security Number:

217-25-7160

Date of Birth:

09/27/1978

INSURER/CARRIER:

Chubb & Son (WC) - Los Angeles, CA / Chubb & Son (WC) - Los Angeles, CA /

Adjuster Address:

PO Box 30850,

Los Angeles, CA 90030

Adjuster:

Mario Castro

Adjuster Phone:

(213) 612-0880

Adjuster Email:

Mario.Castro@Chubb.com

Adjuster Fax:

PROVIDER:

Babak Jamasbi, MD

Provider Address:

1335 Stanford Ave.

Emeryville, CA 94608

Provider Ph / Fax:

(510) 647-5101 / (510) 847-5105

PLANTIFF ATTORNEY:

Farber & Co

Attorney Address:

333 Hegenberger Road #504

Oakland CA 94621

DEFENSE ATTORNEY:

Colantoni, Coll Marren, Phillips and

Attorney Address:

201 Spear Street #1100

San Francisco CA 94105

CASE MANAGER:

Hulbert, Barbara

Email address:

bhulbert@chubb.com

Does this file present an organizational conflict of interest? YES/NO If yes, return file to your supervisor for re-assignment

Cordero, Valerie

From: Nguyen, Samantha

Sent: Wednesday, September 16, 2020 1:32 PM

To: GM-ORCA-UR Referrals

Subject: FW: DUE 9.18 RFA Therapy / 040519008736 Jonathan Shockley

Attachments: 200911113065793083.pdf; Binder2.pdf

Categories: Due 18th

From: GM-ORCA-Chubb UR < GM-ORCA-Chubb_UR@CORVEL.com>

Sent: Tuesday, September 15, 2020 1:06 PM

To: GM-ORCA-Chubb UR <GM-ORCA-Chubb_UR@CORVEL.com>

Subject: FW: DUE 9.18 RFA Therapy / 040519008736 Jonathan Shockley

Reference Number: UMR-26362948

From: Ventura, Maria < Maria. Ventura 2@Chubb.com >

Sent: Monday, September 14, 2020 11:20 AM

To: GM-ORCA-Chubb UR < GM-ORCA-Chubb UR@CORVEL.com > **Subject:** DUE 9.18 RFA Therapy / 040519008736 Jonathan Shockley

WARNING: This email originated from someone outside Corvel, Ceris or Symboo. DO NOT click links or open attachments unless you recognize the sender's email address and know the content is safe.

The original sender of this email is: Maria.Ventura2@Chubb.com

From: Claims-Faxes-Casualty <claimsfaxes-casualty@chubb.com>

Sent: Monday, September 14, 2020 6:54 AM

To: Laourclaimfax Admin < laourclaimfax@chubb.com>

Subject: 040519008736 Jonathan Shockley

From: Fax2Mail < fax-2658734@reply.fax2mail.com>

Sent: Friday, September 11, 2020 11:31 AM

To: Claims-Faxes-Casualty <<u>claimsfaxes-casualty@chubb.com</u>> **Subject:** [EXTERNAL] 09/11/20,11:30:43 AM,12,<Unknown>

You have received a document.

Sender's Name: bgenova

Sender's Caller ID:

Date/Time: September 11, 2020 11:30:43 AM EDT

Number of Pages: 12

From bgenova

18889772986

9/11/2020 08:20:07 PDT

Page 01 of 12

State of California, Division of Workers' Compensation REQUEST FOR AUTHORIZATION DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantialing the requested treatment.

Employes Information	Shockley, Jr Y): 02/15/20 736 Emmation (J, Pe Phone: 5 Int Phone: 2	19 10-647-5101 x133 al lins Company 13-612-5378	Contac City: Fax NPI N	act Name:Castro, Ma Phoenix	State: CA S or 510-540-6965			
Date of Injury (MM/DD/YYY) Claim Number: 0405190087 Requesting Physician Info Name: Dr. Jamasbi, Babak Practice Name: PRCMG Address: 1335 Stanford Av Zip Code: 94608 Specialty: Pain Management E-mail Address: Claims Administrator Info Company Name: Chubb So Address: P.O. Box 42065 Zip Code: 85080 E-mail Address: Requested Treatment (see	Y): 02/15/20 736 ormation (J,	19 10-647-5101 x133 al lins Company 13-612-5378	Contac City: Fax NPI N	ct Name: Bembem G Emeryville Number: 510-647-510 Number: 1376637199 act Name:Castro, Ma Phoenix	State: CA S or 510-540-6965			
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Zip Code: 85080 E-mail Address: Requested:Treatment (see	instruction							
E-mail Address: Requested Treatment (see List each specific requested	instruction		Fax t	Number: 800-664-176	5			
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Diagnosis IC	(Required) (Required) (Required) ical disc disorder with M70.832, M70.831, culopathy, unspecified M70.822, M70.821, Z79.899, M50.10, Z79.899, M50.10, G56.20 ical region (required) 6 sessions of Aquatic for the Bilateral Elements of the secondary of the Second				Other information: (Frequency, Duration Quantity, etc.)			
Cervical disc disorder with M70.8: radiculopathy, unspecified M70.8: Cervical region Z79.89 Other soft dissue disorders G56.20 related to use, overuse and pressure, right upper arm Cother soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, right forearm Lesion of ulnar nerve, unspecified upper limb			bows,	97113	Quantity			

Treatment must be paid under the California OMFS

Peer to Peer calls: Mon-Friday:3:30pm -5pm PT. Please call (510) 647-5101 x0

This email (including any attachments) is intended for the designated recipient(s) only, and may be confidential, non-public, proprietary, and/or protected by the attorney-client or other privilege. Unauthorized reading,

Received 12/28/2020 Pacific Workers'

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12	1201202	U
acific	Worker	s'

Р

Last Payment: 1275.52 USD 9/03/2020

Loss Paid-to-Date: 38,278.97 USD

Address Panel Qualified Medical Evaluation by Dr. Stoller

Manage treatment with Dr. Jamasbi

Request surveillance Post Covid 19

CorVel Corporation (Medica

Jolantoni & Collins (Defens olantoni, Collins, Marren,

hubb & Son (Loss Payee)

Farber & Company Attorner

si (Other)

Loss Reserve: 75,803.00 USD

Service Date: 08/22/2020 09/04/2020 TT

Payee: Jonathan Shockley

Claimant/Indemnity: 01-2 Jonathan Shockley / Indemnity

hands, wrists and forearms on 2/15/2019. Medical: Injured Loss Paid-to-Date: 15,662.47 USD

worker has been initially seen by Dr. Patrick O'Lang on

Action Plan:

Align Networks (Medical Ca

Paperless File Claim To Suit

lon-CVAC

Biotelemetry Inc (Contact) Briotix Health, LP (Other) arpe Data (Loss Payee)

electrocardiogram technician who alleges cumulitative

repetitive stress injury to bilateral upper extremities,

Loss Reserve: 56,709.00 USD

38154	Claimant Evaluation - Jonathan Shockley	fonathan Shockley	
Hemetry Inc 19008736	Summary \ Investigation	stigation Med/Disability	Rev Analysis \ Disposition \
Jonathan Shockley	Claim Level Information	ion	Med/Disability
· Claimant Evaluation	Claim File Status:	Open	Injury Sustained:
- Codes & Percentage	Date of Loss:	2/15/2019	Left and Right Hand
- Indemnity	Date Reported:	2/16/2019	
	Benefit State:	California	First Day of Lost Time:
	SHI Exist	Yes	Last Day Worked:
	SIU Exist:	No.	Returned to Work date:
	Subrogation Exist:	No	Type of Duty Emp returned to:
	Compensability Denied:	No	MMI Date:
	Date of Birth:	9/27/1978	Disposition
	Adjusted AWW:	956.63 USD	Final Settlement:
	Weekly Comp Rate- TTD:	637.76 USD	Represented by Attorney No
TOO MAND TO AN ARCH LINES SAN THE SAN	Summany of Facts:	Snapshot	Snapshot Financial Summary
	This claim involves a 40	This claim involves a 40 years old right hand dominant	Claimant/Medical: 01-1 Jonathan Shockley / Medical

≯ Jonathan

- Claimar

∃ Biotelemetry I

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→040519008736

Claimant Evaluation - Jonathan Shockley Summary Investigation Med/Disability	Rsv Analysis Disposition	9
Injury Sustained:	Defense IME:	P
Left and Right Hand	Christian Charles Colantoni Colantoni, Collins, Marren, Phillips and Tulk 201 Spear Street Suite 1100	<>
☐ Employee taken to Emergency Room within 24 hrs of injury ☐ Other medical treatment within 24 hours	f injury	
Ovrd Inj Grp: <none></none>	Claimant IME:	P
Impairment Disability %: 0.00 Impairment % Basis Code: <none></none>	Farber & Co 333 Hegenberger Road, Suite 504 Oakland, CA 94621 510-444-2512	《》

State of California, Division of Workers' Compensation REQUEST FOR AUTHORIZATION DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

■ New Request ☐ Expedited Review:	Check b	ox if emplo	oyee faces an imminent a] Resubmission – C ous threat to his or h		rial Facts	
☐ Check box if reques	t is a w	ritten confi	rmation of a prior oral req	uest.			in Air request of the control of the	
Employee Informatio	n				de Control de Control de Control			
Name (Last, First, Mid	dle): Sh	ockley, Jo	onathan	_				
Date of Injury (MM/DD	/YYYY):	: 02/15/201	19	Date	of Birth (MM/DD/YY	YY): 09/27/19	78	
Claim Number: 04051	9008736	6		Empl	oyer: Biotelemetry,	Inc		
Requesting Physicia	n Inform	nation	a monaca manasa mengantang	and contains a self	g gradustaged ruttiged ruthus si	and an event of product	CANCELOR CONTINUE HACKER WHITE	
Name: Dr. Jamasbi, E	Babak J	,					·	
Practice Name; PRCM	G		24	Conta	ct Name: Bembem	G.		
Address: 1335 Stanfo	rd Ave			City:	Emeryville		State: CA	
Zip Code: 94608		Phone: 51	10-647-5101 x133	Fax Number: 510-647-5105 or 510-540-6965				
Specialty: Pain Manag	jement			NPI Number: 1376637199				
E-mail Address: Claims Administrator	Inform	nation	KACAMARKAN MAKAMARKAN MAKAMARKAN	awa ka wa	an and an analysis and an	and the second second	en e	
Company Name:Chub	b Son	of Federa	l Ins Company	Conta	act Name: Castro, N	lario		
							State:AZ	
Zip Code: 85080		Phone: 21	13-612-5378	Fax N	Number: 800-664-17	'65		
E-mail Address:								
Requested Treatmen	t (see ii	nstruction	s for guidance; attache	d addit	ional pages if nece	essary)		
of the attached medica	al report	on which	vices, goods, or items in the requested treatment eet if the space below is in	can be	found. Up to five (5			
Diagnosis (Required)	(Re	-Code quired)	Service/Good Reques (Required)	sted	CPT/HCPCS Code (If known)	(Freque	nformation: ncy, Duration ntity, etc.)	
Cervical disc disorder with radiculopathy, unspecified cervical region Other soft tissue disorders related to use, overuse and pressure, right upper arm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, right forearm Lesion of ulnar nerve, unspecified upper limb	M70.822, Z79.899, G56.20	M70.821,	6 sessions of Aquatic Ti for the Bilateral Elbo Bilateral Wrists and Bill Hands	ws,	97113			
Treatment must be paid un Peer to Peer calls: Mon-Fri			MFS f. Please call (510) 647-5101 :	ĸ0	L		,	

State of California, Division of Workers' Compensation REQUEST FOR AUTHORIZATION DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

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William School	Employee Informatio	n Valla etti kannan piaka kanna			and the second s			
	Name (Last, First, Mid	dle): Shockley, Jo	nathan					
	Date of Injury (MM/DD	/YYYY): <mark>02/15/20</mark> 1	9	Date	of Birth (MM/DD/YY	YY): 09/27/1 9	78	
	Claim Number: 04051	9008736		Empl	oyer: Biotelemetry,	Inc		
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	Name: Dr. Jamasbi, E	Babak J,						
	Practice Name; PRCM	IG .		Conta	ct Name: Bembem	G.		
	Address: 1335 Stanfo	rd Ave		City:	Emeryville		State: CA	
Zip Code: 94608 Phone: 510-647-5101 x133					Fax Number: 510-647-5105 or 510-540-6965			
Specialty: Pain Management					Number: 13 <mark>7663719</mark>	9		
	E-mail Address:							
Section 10	Claims Administrator	Information	ki in menden ki ki kacamatan kenang kanang beranggan beranggan beranggan beranggan beranggan beranggan berangg	euroki sarti.	eligabli melanil endre endre	earnenigas kasilea kie	ender in early in the service and the	
	Company Name:Chub	b Son of Federa	l ins Company	Conta	act Name: Castro, M	ario		
L	Address: P.O. Box 42065 City: Phoenix State:AZ							
L	Zip Code: 85080 Phone: 213-612-5378 Fax Number: 800-664-1765							
L	E-mail Address:							
Application of			s for guidance; attached				eda weda wada da	
	of the attached medica	al report on which t	vices, goods, or items in the requested treatment o et if the space below is in	an be	found. Up to five (5)			
	Diagnosis (Required)	ICD-Code (Required)	Service/Good Reques (Required)	ted	CPT/HCPCS Code (If known)	(Freque	Information: ncy, Duration ntity, etc.)	
10014401441	Cervical disc disorder with radiculopathy, unspecified cervical region Other soft tissue disorders related to use, overuse and pressure, right upper arm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, right forearm Lesion of ulnar nerve, unspecified upper limb	M70.822, M70.821, Z79.899, M50.10,	6 sessions of Aquatic Th for the Bilateral Elbov Bilateral Wrists and Bila Hands	vs,	97113			
	Treatment must be paid un	der the California ON	 MFS					
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Peer to Peer calls: Mon-Friday:3:30pm -5pm PT. Please call (510) 647-5101 x0



Babak Jamasbi, MD | Brendan Morley, MD
Timothy Lo, MD | Arzhang Zereshki, MD | Neil Kamdar, MD | John Alchemy, MD

1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

Visit Note

Provider:

Supervising: Babak J, Jamasbi, M.D. Performing: Jessica Aikin, PA-C

Encounter Date: Sep 04, 2020

Patient: Shockley, Jonathan (PT00023609)

Sex: Male

DOB: Sep 27, 1978 Age: 41 Year Race: Unreported/Refused to Report

Address: 1000 Sutter St Room 123, San Francisco CA 94109 Pref. Phone(H):

415-312-4029

Primary Dr.: Babak Jamasbi, M.D.

Referred By: Babak Jamasbi, M.D.

Injury Date: 02/15/2019 Employer: Biotelemetry, Inc

Case Insurance: Chubb Son of Federal Ins Company

Claim No.: 040519008736

VISIT TYPE:

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:

Mr. Shockley was not physically able to come into the office today due to compliance with the current National Emergency guidelines for the COVID-19 pandemic; therefore, a telemedicine follow-up visit was done today. The nature of telehealth consultation was discussed with the patient, including the risks, benefits and alternatives. The patient had opportunity to ask questions about the information and those questions were answered. The patient verbalized understanding and agreed to this telehealth consultation.

SUBJECTIVE COMPLAINTS:

Patient is here to follow up on pain in his arms and bilateral hands.

Patient continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists up to his elbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". He reports pain in his neck as well as numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment.

The patient did see Dr. Leonard Gordon on July 22, 2020, regarding ulnar mononeuropathy at the bilateral elbows as seen on most recent EMG. He has also had a new EMG of the bilateral upper extremities done with Dr. Liberty Jenkins, neurologist. Per the patient, this also confirmed ulnar neuropathy.

Our request for 12 sessions of acupuncture treatment was denied and is in the process of appeal. In the meantime, he would be interested in trying aqua therapy.

With regard to medication, he continues with Lidocaine cream and voltaren gel as topical medications. He denies side effects with his medications. He does request for refills today.

Medical History:

PAST MEDICAL HISTORY

- 1. Bronchitis 2 years ago.
- 2. Eczema.
- 3. He had an episode of epilepsy and took Tegretol at age 10 or 11.
- 4. History of anxiety. He was taking Hydroxyzine but now does not take medication and just meditates.

PAST SURGICAL HISTORY

- 1. Adenoidectomy in 1987.
- 2. Lasik surgery in 2000.
- 3. Sympathectomy in 2000.
- 4. Right big toe bone spur removal in 2000.
- 5. Right Achilles tendon debridement in 2002.
- 6. Right Achilles tendon debridement in 2003.

Social History:

PSYCH/SOCIAL HISTORY

The patient does not smoke cigarettes.

The patient does not drink alcoholic beverages.

The patient does not use illicit drugs.

The patient is not married.

The patient has a significant other.

The patient has no children.

Patient does not have a family history of childhood abuse.

Patient does not have a family history of sexual abuse.

Epworth Scale is 0. The patient goes to bed, falls asleep and wakes up at variable times. The patient feels he gets adequate rest.

OBJECTIVE FINDINGS:

Mental Status: The patient is awake, alert and fully oriented with normal speech and language. Appropriately conversant, pleasant, cooperates with exam.

Spine:

Upright spinal posture

Motor:

Patient is able to stand up from a chair unassisted.

Gait is narrow based and steady.

UE/LE muscle strength:

Bilateral upper and lower extremity strength appear intact on non-confrontational movement exam, without evidence for foot drop or other observable weakness. Normal bulk and tone. No atrophy noted.

Current Medications:

- 1. Lidocaine 5% Ointment Apply 2-3 grams to affected area up to 4 times daily
- 2. Voltaren 1% Gel Apply to affected area daily
- 3. Advil (OTC)
- 4. Aspirin Ec 81 Mg Tablet (OTC)

FORMAL REQUEST FOR AUTHORIZATION:

6 sessions of Aquatic Therapy (97113) Elbow Bilateral Elbows Wrist Bilateral Wrists Hand Bilateral Hands.

This is a formal request for authorization of the medications within the "prescriptions" section of this note.

DIAGNOSIS:

M50.10	Cervical disc disorder with radiculopathy, unspecified cervical region
M70.821	Other soft tissue disorders related to use, overuse and pressure, right upper arm
M70,822	Other soft tissue disorders related to use, overuse and pressure, left upper arm
M70.831	Other soft tissue disorders related to use, overuse and pressure, right forearm
G56.20	Lesion of ulnar nerve, unspecified upper limb

PRESCRIPTION:

1 Gabapentin 300 Mg Capsule SIG: Take one QHS QTY: 30.00.

Refill Added:

1 Lidocaine 5% Ointment SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 60.00.

2 Voltaren 1% Gel SIG: Apply to affected area daily QTY: 1.00.

TREATMENT PLAN:

Assessment:

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hands. Massage therapy exacerbated his pain. He is not currently working.

The patient did have a QME with Dr. Stoller on 1/23/20. Per Dr. Stoller, the patient is not yet MMI. He recommends an upper extremity EMG to asses his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy. Cervical MRI was completed on 4/3/20 and is reviewed below, EMG was completed on 2/10/20 with Dr. Necti Bathia, this shows demyelinating ulnar mononeuropathy bilaterally across the elbows, no evidence of median, radial, or cervical radiculopathy on either side.

Plan:

- With regard to the bilateral elbows, he was approved for a surgical consult to address bilateral ulnar neuropathy and did see Dr. Leonard Gordon on 7/22/20. Per the patient, he is not being recommended for surgery. We will request for Dr. Gordon's report as well as Dr. Liberty Jenkins new EMG report today.
- The patient has a QME re-evaluation with Dr. Stoller, which has now been postponed until January 2021.
- Our recent request for 12 additional sessions of acupuncture has been denied and will be appealed based on functional improvement that was documented at his last clinic visit. At this time we will request for 6 sessions of aqua therapy for his wrists, hands, and elbows.
- With regard to the cervical spine, MRI of the cervical spine from 4/3/20 shows a 4mm left disc osteophyte at C5-C6 causing severe bilateral neural foraminal stenosis as well as a left paracentral disc protrusion at C6-C7, mild central stenosis from C5-C7. Severe bilateral neural foraminal stenosis at C5-C6 may be contributing to right shoulder and deltoid pain. We discussed CESI, the patient defers injections. Our request for surgical consultation with Dr. Paul Slosar was deferred on the basis that his insurance is disputing liability for the body parts of the neck and the bilateral upper arms. Our recent re-request for surgical consultation for the neck, as well as TPI in the bilateral trapezius region, were deferred due to dispute of liability of the neck as part of his claim.
- With regard to medications, Voltaren gel and Lidocaine ointment refilled today. We will also trial Gabapentin, we will start him off with 300 mg at night and monitor his response at his next

visit, consider titrating up to full therapeutic dosing if tolerated.

Follow up in 4-6 weeks.

WORK STATUS:

WORK STATUS: The patient is not permanent and stationary.

Work restrictions:

- Repetitive activities using upper extremities limited to 1 hour in an 8 hour shift.
- Light computer work for up to an hour for an 8 hour shift.
- -No lifting, pushing, or pulling greater than 5 pounds

TIME SPENT:

Greater than 50% of the visit was spent in counseling and coordination of care. As such, time spent with the patient should be the guiding determinant in determining the level of evaluation and management services. 25 minutes were spent in direct face to face time with the patient. "I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend of accounts or other consideration, whether in the form of money or otherwise, or compensation or inducement for any referred evaluation or examination."

Please consider the treatment plan as a formal request for preauthorization services described therein. In the event that the written denial, authorization or notice of delay is not received by our office within 7 business days with a description of the review by a qualified physician with training in pain management and/or physical medicine and rehabilitation expertise (as per the dictates of the California Code of Regulation 9792.6) we will assume de facto authorization.

If prior pre-authorization has been requested in an earlier report or therapeutic plan, please consider the date of the prior request as applicable for the purposes of the formal date of request. *Dr. Morley and Dr. Jamasbi hold a financial interest in Bay Surgery Center. The Northern California Functional Restoration Program is an integral part of Pain and Rehabilitative Consultants Medical Group.

JUSTIFICATION:

Gabapentin (Neurontin): The following has been recommended regarding Gabapentin (Neurontin) in the MTUS/ACOEM guidelines

Anti-convulsant Agents for Neuropathic Pain Recommended.

Anti-convulsants (Gabapentin, Pregabalin, Mirogabalin, Gabapentin Enacarbil, Lamotrigine, Topiramate, Carbamazepine, and Oxcarbazepine) are moderately recommended for treatment of neuropathic pain.

Strength of Evidence – Moderately Recommended, Evidence (B)

Level of Confidence - High

Indications: Moderate to severe painful neuropathic pain sufficient neuropathic pain to require medication. Generally, anti-convulsants are considered a potential adjunct as a second- or third-line treatment for chronic neuropathic pain, after attempting other treatments (e.g., anti-depressants, aerobic exercise, other exercise).

Benefits: Modest pain reduction. May include reduced sleep disturbance.

Harms: Sedating properties may be intolerable. For some, the sedation is sufficient to impair daytime activities and thus, especially in those cases, be inappropriate for safety sensitive jobs. Also may have adverse effects including nausea, vomiting, dizziness, confusion, somnolence and weight gain. Carbamazepine may be associated with fluid and electrolyte abnormalities. Topiramate may cause kidney stones and ocular toxicity.

Frequency/Dosc/Duration: Frequency and dosing are based on the medication prescribed. Duration of use for neuropathic pain patients may be indefinite, although many of these patients do not require indefinite treatment as the condition usually often resolves or improves. Gabapentin dose is initiated usually at 300mg/day and gradually raised.

Indications for Discontinuation: Resolution of pain, lack of efficacy, intolerance, or development of adverse effects. Monitoring of employed patients is indicated due to elevated risks for CNS-sedating adverse effects.

Rationale: There is high and moderate quality evidence of efficacy for multiple anti-convulsants (Gabapentin, Pregabalin, Lamotrigine, Carbazepime and Topiramate) for treatment of peripheral neuropathic pain in comparison with placebo [199][200, 201][191-194, 198, 202]. Although not all studies are positive [195, 196, 1146, 1147], the highest quality studies and those with larger sample sizes suggest efficacy. Nearly all quality evidence is of peripheral neuropathic pain, although at least one quality trial included MS patients [192]. There is not evidence that adding lamotrigine to gabapentin is efficacious [192]. Comparable efficacy has been suggested when comparing gabapentin and nortriptyline [1120]. In a study by Otto 2004, Valproic acid did not prove efficacious, however, in another study divalproex showed efficacy for post-herpetic neuralgia when compared to placebo at 8 weeks [1148]. Anti-convulsants are not invasive, have some adverse effects, are moderate cost, have some quality evidence of efficacy for treatment of neuropathic pain and are recommended.

Evidence: A comprehensive literature search was conducted using PubMed, Scopus, CINAHL, and Google Scholar without date limits using the following terms: neuropathic pain, nerve pain, neuralgia; controlled clinical trial, controlled trials, randomized controlled trial, randomized controlled trials, random allocation, random*, randomized, randomization, randomly; systematic, systematic review, retrospective, and prospective studies. We found and reviewed 1413 articles in PubMed, 917 in Scopus, 176 in CINAHL, 9,630 in Google Scholar and 0 from other sources. We considered for inclusion 349 from PubMed, 0 from Scopus, 12 from CINAIIL, 0 from Google Scholar and 0 from other sources. Of the 361 articles considered for inclusion, 238 randomized controlled trials and 123 systematic reviews met the inclusion criteria. A comprehensive literature search since 2012 was conducted using PubMed using the following terms: diabetic neuropathy; controlled clinical trial, controlled trials, randomized controlled trial, randomized controlled trials, random allocation, random*, randomized, randomization, randomly; systematic, systematic review, retrospective, and prospective studies. We found and reviewed 2423 articles in PubMed and 0 from other sources. We considered for inclusion 19 from PubMed and 0 from other sources. Of the 19 articles considered for inclusion, 13 randomized controlled trials and 0 systematic reviews met the inclusion criteria. There is high-quality and moderate-quality studies incorporated into this analysis. There is low-quality evidence listed in Appendix 4.

Lidocaine cream: The following has been recommended regarding Lidocaine in the ODG guidelines:

Lidocaine: Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. See Criteria for use below. Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-prurities. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. Indications: Recommended for localized pain that is consistent with a neuropathic etiology after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine patches are generally not recommended for non-neuropathic pain (including osteoarthritis or myofascial pain/trigger points). See Criteria for use below. Most studies have utilized the Neuropathic Pain Scale (NPS) as measure of neuropathy when there are questions of whether this is the cause of pain. There is limited information as to long-term efficacy and continued information as to outcomes should be provided to allow for on-going use. (Argoff, 2004) (Galer, 2004) (Argoff, 2006) (Dworkin, 2007) (Khaliq-2009) (Burch, 2004) (Gimbel, 2005) (Dworkin, 2003) (Finnerup, 2005) (O'Connor, 2009) Discussion about specific details of these studies are given in detail with

references. Trigger points & myofascial pain: Not recommended. (Affaitati, 2009) (Dalpaiz, 2004) Osteoarthritis of the knee: Not generally recommended unless a component of neuropathy is indicated using measures such as the Neuropathic Pain Scale. All current available studies were sponsored by the manufacturer of lidocaine patches and are non-controlled, and of short-term in duration. (Burch, 2004) (Kivitz, 2008) Axial back pain (including osteoarthritis): Not recommended unless neuropathy is suggested. Current studies as to use of Lidoderm patches for non-neuropathic low back pain are non-controlled, may or may not evaluate for the presence of neuropathic quality, have included multiple stages of pain (from acute to chronic), have included multiple diagnoses, show limited results in pain reduction, and are generally sponsored by the manufacturer. Acute groups have had better results than chronic pain patients, which may be attributed to natural recovery. (Gimbel, 2005) (Galer, 2004) (Argoff, 2004) The FDA has approved a Lidocaine/ tetracaine cream (Pliaglis®) for local analgesia. This is only indicated for superficial aesthetic procedures, such as dermal filler injection, pulsed dye laser therapy, facial laser resurfacing, and laser-assisted tattoo removal. (FDA, 2013).

Voltaren Gel: The following has been recommended regarding Voltaren gel in the MTUS/ACOEM guidelines

Topical NSAIDs are selectively recommended for treatment of chronic persistent pain where target tissue is superficially located.

Strength of Evidence – Recommended, Insufficient Evidence (I)

Level of Confidence - Low

Indications: Chronic persistent pain in a superficial area that is amenable to a topical agent. Should generally have intolerance of, or another indication against oral NSAID use.

Benefits: Improvement in pain and function. Avoidance of gastrointestinal adverse effects of some NSAIDs.

Harms: Irritation, allergy, having to use on skin that may interfere with some job performance needs

Frequency/Dosc/Duration: Per manufacturer's recommendations

Indications for Discontinuation: Resolution, intolerance, adverse effects, or lack of benefits.

Rationale: There are no quality studies of treating chronic persistent pain with topical NSAIDs. The target tissue for most, but not all chronic persistent pain with an occupational basis is generally too deep for justification of use of topical NSAIDs. Topical NSAIDs are not invasive, have low adverse effects, are high cost for a typical treatment regimen, and are selectively recommended for treatment of conditions amenable to topical treatment who generally also have intolerance or other contraindication for oral NSAID use.

Evidence: There are high- and moderate-quality RCTs incorporated into this analysis. There are no quality studies evaluating topical NSAIDs for treatment of chronic persistent pain syndrome.

It has been brought to our attention that on occasion there has been some confusion in regards to prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

CC:

Kweller, Esq., Zachary: 09/08/2020

Castro, Mario : 09/08/2020 UR, Chubb : 09/08/2020 UR, Chubb : 09/09/2020

Kweller, Esq., Zachary: 09/11/2020

Castro, Mario : 09/11/2020 UR, Chubb : 09/11/2020

This visit note has been electronically signed off by Aikin, Jessica, PA-C on 09/04/2020

Pain and Rehabilitative Consultants Medical Group

1335 Stanford Avenue

Emeryville, CA 94608

		Emeryvine, CA	74000				
Jon Name	Telephone nathan Shockley	(510) 647-5101 • 09/27/1978		47-5105 09/11/2020 Date			
Address	1000 Sutter St Room		San Francisco	•			
Ŗ	6 sessions of A	eral Wrists and Bilateral Hands					
M70.831 M70.822 M70.821 arm, M50	Other soft tissue dis Other soft tissue dis Other soft tissue dis	orders related to use orders related to use orders related to use order with radiculopa	overuse and posteriors overuse and posteriors and p	pressure, left forearm, pressure, right forearm, pressure, left upper arm, pressure, right upper ed cervical region, G56.20			
Refill	***************************************	Borf	1/A	☐ Do Not Substitute M.D.			
☑ Babak Jan DEA#: BJ ☐ Timothy I	P0998558 / LIC#: PA17702 nasbi, M.D. 2563345 / LIC#: G70042 .o, M.D.	☐ Arzhang Zereshki, M.I DEA#: FZ3404477 / L ☐ Neil K. Kamdar, M.D. DEA#: FK5223172 / L ☐ John W. Alchemy, M.I	IC#: A119704	Donny J. Cho, P.AC DEA#: MC2432386 / LIC#: PA2164 Julia M. Fellows, P.AC DEA#: MF4602288 / LIC#: 55158 Robert J. Estis, P.A. DEA#: ME0720513 / LIC#: PA1201: Jessica Aikin, P.A.			
☐ Brendan N	.0167901 / LIC#: A92580 Morley, M.D. M3191133 / LIC#: G74102	DEA#: BP4661369 / LIC#: 55085 Susie Paik, P.AC DEA#: MP1537856 / LIC#: PA1900		DEA#: MA4725353 / LIC#: 51677] Shohreh Semati, FNP-BC DEA#: MS3193264 / LIC#: 18520			

UR Check off List

ADJ RCVD:

09/21/2020

5 DAY DUE DATE:

09/28/2020

UR RCVD:

09/21/2020

CLAIM#:

040519008736

CLAIMANT:

Jonathan Shockley

CorVel#:

139249073-UMO-31

CM ASSIGNED

Elena Vega

Processor:

Vy Nguyen

Review Type:

Prospective

QA Reviewer:

Jimmy Tran

Category:

IMR

Jurisdiction:

California

WCIS#:

2019022115295475087374

Date of Injury:

02/15/2019

MEDICATION									
Determination	Type of Medication	Name of Medication	Dosage	# of Refills	Brand Name	Facility	Provider	Notes	
Requested		Gabapentin	300mg #30		No			PLEASE DETERMINE IF A DEFERRAL LETTER IS NEEDED BASED ON ACCEPTED BODY PARTS.	
Requested		Lidocaine 5% Ointment	#60		No			PLEASE DETERMINE IF A DEFERRAL LETTER IS NEEDED BASED ON ACCEPTED BODY PARTS.	
Requested		Voltaren 1% Gel	#1		No			PLEASE DETERMINE IF A DEFERRAL LETTER IS NEEDED BASED ON ACCEPTED BODY PARTS.	

EMPLOYEE:

Jonathan Shockley

EMPLOYER:

Biotelemetry, Inc.

Employee Address:

1000 Sutter St.

San Francisco, CA 94109

Social Security Number:

217-25-7160

Date of Birth:

09/27/1978

INSURER/CARRIER:

Chubb & Son (WC) - Los Angeles, CA / Chubb & Son (WC) - Los Angeles, CA/

Adjuster Address:

POBox 30850,

Los Angeles, CA 90030

Adjuster:

Mario Castro

Adjuster Phone:

(213) 612-0880

Adjuster Email:

Mario.Castro@Chubb.com

Adjuster Fax:

PRO VIDER:

Babak Jamasbi, MD

Provider Address:

1335 Stanford Ave.

Emeryville, CA 94608

Provider Ph / Fax:

(510) 647-5101 /(510) 847-5105

PLANTIFF ATTORNEY:

Farber & Co

Attorney Address:

333 Hegenberger Road #504

Oakland CA 94621

DEFENSE ATTORNEY: Colantoni, Coll Marren, Phillips and

Attorney Address: 201 Spear Street #1100

San Francisco CA 94105

CASE MANAGER: Hulbert, Barbara

Email address: bhulbert@chubb.com

Does this file present an organizational conflict of interest? YES/NO If yes, return file to your supervisor for re-assignment

From:

Rodriquez, Crystal

To:

GM-ORCA-UR Referrals

Subject:

FW: ***ASSIGN TO ELENA - BODY PARTS***DUE 9.28 RFA Medication / 040519008736 Jonathan Shockley

Date:

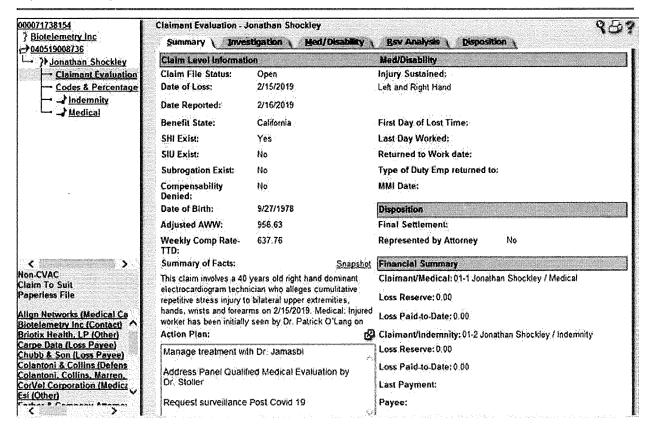
Monday, September 28, 2020 10:37:21 AM 200921170772456867.pdf

Attachments:

image004.png

Importance:

High



Claimant Evaluation - Jonathan Shockley		QB:
Summary \ Investigation \ Med/Disability \	Rsv Analysis \ Disposition \	
Injury Sustained:	r⊠ Defense IME:	P
	Christian Charles Colantoni Colantoni, Collins, Marren, Phillips and Tulk 201 Spear Street Suite 1100	\(\)
Employee taken to Emergency Room within 24 hrs	s of injury	
Other medical treatment within 24 hours		
	Claimant IME:	B
Impairment Disability %: 0.00 Impairment % Basis Code: 	Farber & Co 333 Hegenberger Road, Suite 504 Oakland, CA 94621 510-444-2512	
Surgery?	Represented By No V	
Permanency:	🔁 Disability Analysis:	图
		K
	ay: O Active Inactive	
Medical Status:		B
Hand Center of San Francisco Patrick O Lang MD 601 Van Ness Ave. Ste. 2018 San Francisco, CA 94102		Ŷ
Co-Morbidity Factors: *None	Исло	M Savings
Return to Work		

Crystal Rodriguez | Administrative Assistant

CorVel Corporation | Santa Ana

Crystal_Rodriguez@CorVel.com| www.Corvel.com

For status or questions about a referral email urstatus@corvel.com

From: GM-ORCA-Chubb UR <GM-ORCA-Chubb_UR@CORVEL.com>

Sent: Thursday, September 24, 2020 3:59 PM

 $\textbf{To:}~\mathsf{GM}\text{-}\mathsf{ORCA}\text{-}\mathsf{Chubb}~\mathsf{UR}~\mathsf{\langle GM}\text{-}\mathsf{ORCA}\text{-}\mathsf{Chubb}_\mathsf{UR}@\mathsf{CORVEL}.\mathsf{com}\mathsf{>}$

Subject: FW: DUE 9.28 RFA Medication / 040519008736 Jonathan Shockley

Reference Number: UMR-26394147

From: Ventura, Maria < Maria. Ventura 2@Chubb.com >

Sent: Monday, September 21, 2020 5:20 PM

To: GM-ORCA-Chubb UR < GM-ORCA-Chubb_UR@CORVEL.com > **Subject:** DUE 9.28 RFA Medication / 040519008736 Jonathan Shockley

From: Fax2Mail < fax-1841185@reply.fax2mail.com>
Sent: Monday, September 21, 2020 2:08 PM

To: Laourclaimfax Admin < <u>laourclaimfax@chubb.com</u>>

Subject: 040519008736 Jonathan Shockley

You have received a document.

Sender's Name: jpanuncial Sender's Caller ID: 18889772986

Date/Time: September 21, 2020 05:07:04 PM EDT

Number of Pages: 11

From Jpanuncial

18889772986

9/21/2020 13:54:19 PDT

Page 01 of 11

State of California, Division of Workers' Componsation REQUEST FOR AUTHORIZATION DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

		oyee faces an imminent i mation of a prior oral rec	and serie	I Resubmission – C ous threat to his or t		rial Facts
Employee Informatio	n.	AND			Alexandria de la composición de la comp	manager was property
Name (Last, First, Mid	dle): Shockley, Jo	onathan	5.2			
Date of Injury (MM/DD	/YYYY): 02/15/20	19	Date	of Birth (MM/DD/YY	YY): 09/27/19	78
Claim Number: 04051	9008736		Empl	oyer: Biotelemetry,	Inc	
Requesting Physicia	n Information	a service de la companya de la comp	بهاند انداد	de la companya de la	in steel to be all the	CHAPTER TO SEE STATE
Name: Dr. Jamasbi, t	Babak J,					
Practice Name: PRCM	lG .		Contact Name: Christian G.			
Address: 1335 Stanfo	rd Ave	The second secon	City: Emeryville		State: CA	
Zip Code: 94608	Phone: 5	10-647-5101 ext 471	Fax	lumber: 510-647-51	05	
Specially: Pain Manag	gement		NPIN	lumber: 137663719	9	
E-mail Address:						
Claims Administrate	r Information 🌤		April 1 water day	ek tek esperat distribution in the second	engen parament com	erren beroektivi terebek
Company Name:Chub	b Son of Federa	l ins Company	Conta	sci Name: Castro, I	Mario	
Address: P.O. Box 42	2065		City: I	Phoenix		State:AZ
Zip Code: 85080	Phone: 2	13-612-5378	Fax	lumber: 800-664-17	65	
E-mail Address:					economic mention de la constanta de la constan	
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Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)		CPT/HCPCS Code (If known)	Other information: (Frequency, Duration Quantity, etc.)	
	M70.832, M70.831, M70.822, M70.821, Z79.899, M50.10, G56.20	1 Gabapentin 300 Mg Capsule SIG: Take on QTY: 30.00 2 Lidocaine 5% Ointmo SIG: Apply 2-3 grams to affected area up to 4 th daily QTY: 60.00 3 Voltaren 1% Gol SIG to affected area daily of 1.00	ent o mes : Apply			

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☐ Resubmission – Change in Material Facts

State of California, Division of Workers' Compensation REQUEST FOR AUTHORIZATION DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

■ New Request

		oyee faces an imminent a rmation of a prior oral requ		ous threat to his or h	ner health	
Employee Informatio	n.					
Name (Last, First, Mid	ldle): Shockley, Jo	onathan				
Date of Injury (MM/DD/YYYY): 02/15/2019		Date	of Birth (MM/DD/YY	YY): 09/27/19	78	
Claim Number; 04051			Empl	oyer: Biotelemetry,	Inc	
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Name: Dr. Jamasbi, I						
			Contact Name:Christian G.			
Address: 1335 Stanfo			City: Emeryville State: CA			
Zip Code: 94608		10-647-5101 ext 471	Fax Number: 510-647-5105			
Specialty: Pain Manag		10-0-11-0101 62(-7/1		Jumber: 137663719		
E-mail Address:	Agment		INFIL	William 12/002/13	9	
Butto di atambi di atambi di atambi di atambi						
Claims Administrato		ing in a contract of the contr				
Company Name:Chul		I ins Company		act Name: Castro, I	Viario	To. 4 .=
Address: P.O. Box 42				Phoenix		State:AZ
Zip Code: 85080	Phone; 21	13-612-5378	Fax	lumber: 800-664-17	65	
E-mail Address:						
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Diagnosis (Required)	ICD-Code (Required)	Service/Good Reques (Required)	ted	CPT/HCPGS Code (If known)	(Freque	Information: ncy, Duration ntity, etc.)
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Received 12/28/2020 Pacific Workers'

upper limb						
	Date of Visit: Sep 04, 2020					
Treatment to be paid under the CA O	MFS.	1				
Peer to Peer calls: Mon-Fri 3:30pm -5pm PT. Plcasc call (510) 647-5101 x0						
			Date: 09/08/2020 at 03:52 PM(PT)			
Boff Non						
Requesting Physician Signature:						
Claims Administrator/Utilization Review Organization (URO) Response						
☐ Approved ☐ Denied or Modified (See separate decision letter) ☐ Delay (See separate notification of delay) ☐ Requested treatment has been previously denied ☐ Liability for treatment is disputed (See separate letter)						
Authorization Number (if assigned): Date:						
Authorized Agent Name:		Signature:				
Phone:	Fax Number:	E-mail Address:				
Comments:						

DWC Form RFA (Effective 2/2014)

Page 1

CC:

UR Department (if applicable):213-612-5785
Applicant Attorney (if applicable):Zachary Kweller, Esq. 866-819-6169



Babak Jamasbi, MD | Brendan Morley, MD
Timothy Lo, MD | Arzhang Zereshki, MD | Neil Kamdar, MD | John Alchemy, MD

1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

Visit Note

Provider:

Supervising: Babak J, Jamasbi, M.D. Performing: Jessica Aikin, PA-C

Encounter Date: Sep 04, 2020

Patient: Shockley, Jonathan (PT00023609)

Sex: Male

DOB: Sep 27, 1978 Age: 41 Year Race: Unreported/Refused to Report

Address: 1000 Sutter St Room 123, San Francisco CA 94109 Pref. Phone(H):

415-312-4029

Primary Dr.: Babak Jamasbi, M.D.

Referred By: Babak Jamasbi, M.D.

Injury Date: 02/15/2019 Employer: Biotelemetry, Inc

Case Insurance: Chubb Son of Federal Ins Company

Claim No.: 040519008736

VISIT TYPE:

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:

Mr. Shockley was not physically able to come into the office today due to compliance with the current National Emergency guidelines for the COVID-19 pandemic; therefore, a telemedicine follow-up visit was done today. The nature of telehealth consultation was discussed with the patient, including the risks, benefits and alternatives. The patient had opportunity to ask questions about the information and those questions were answered. The patient verbalized understanding and agreed to this telehealth consultation.

SUBJECTIVE COMPLAINTS:

Patient is here to follow up on pain in his arms and bilateral hands.

Patient continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists up to his elbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". He reports pain in his neck as well as numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment.

The patient did see Dr. Leonard Gordon on July 22, 2020, regarding ulnar mononeuropathy at the bilateral elbows as seen on most recent EMG. He has also had a new EMG of the bilateral upper extremities done with Dr. Liberty Jenkins, neurologist. Per the patient, this also confirmed ulnar neuropathy.

Our request for 12 sessions of acupuncture treatment was denied and is in the process of appeal. In the meantime, he would be interested in trying aqua therapy.

With regard to medication, he continues with Lidocaine cream and voltaren gel as topical medications. He denies side effects with his medications. He does request for refills today.

Medical History:

PAST MEDICAL HISTORY

- 1. Bronchitis 2 years ago.
- 2. Eczema.
- 3. He had an episode of epilepsy and took Tegretol at age 10 or 11.
- 4. History of anxiety. He was taking Hydroxyzine but now does not take medication and just meditates.

PAST SURGICAL HISTORY

- 1. Adenoidectomy in 1987.
- 2. Lasik surgery in 2000.
- 3. Sympathectomy in 2000.
- 4. Right big toe bone spur removal in 2000.
- 5. Right Achilles tendon debridement in 2002.
- 6. Right Achilles tendon debridement in 2003.

Social History:

PSYCH/SOCIAL HISTORY

The patient does not smoke eigarettes.

The patient does not drink alcoholic beverages.

The patient does not use illicit drugs.

The patient is not married.

The patient has a significant other.

The patient has no children.

Patient does not have a family history of childhood abuse.

Patient does not have a family history of sexual abuse.

Epworth Scale is 0. The patient goes to bed, falls asleep and wakes up at variable times. The patient feels he gets adequate rest.

OBJECTIVE FINDINGS:

Mental Status: The patient is awake, alert and fully oriented with normal speech and language. Appropriately conversant, pleasant, cooperates with exam.

Spine:

Upright spinal posture

Motor:

Patient is able to stand up from a chair unassisted.

Gait is narrow based and steady.

UE/LE muscle strength:

Bilateral upper and lower extremity strength appear intact on non-confrontational movement exam, without evidence for foot drop or other observable weakness. Normal bulk and tone. No atrophy noted.

Current Medications:

- 1. Lidocaine 5% Ointment Apply 2-3 grams to affected area up to 4 times daily
- 2. Voltaren 1% Gel Apply to affected area daily
- 3. Advil (OTC)
- 4. Aspirin Ec 81 Mg Tablet (OTC)

FORMAL REQUEST FOR AUTHORIZATION:

6 sessions of Aquatic Therapy (97113) Elbow Bilateral Elbows Wrist Bilateral Wrists Hand Bilateral Hands.

This is a formal request for authorization of the medications within the "prescriptions" section of this note.

DIAGNOSIS:

M50.10	Cervical disc disorder with radiculopathy, unspecified cervical region
M70.821	Other soft tissue disorders related to use, overuse and pressure, right upper arm
M70.822	Other soft tissue disorders related to use, overuse and pressure, left upper arm
M70.831	Other soft tissue disorders related to use, overuse and pressure, right forearm
G56.20	Lesion of ulnar nerve, unspecified upper limb

PRESCRIPTION:

1 Gabapentin 300 Mg Capsule SIG: Take one QHS QTY: 30.00. Refill Added:

1 Lidocaine 5% Ointment SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 60.00.

2 Voltaren 1% Gel SIG: Apply to affected area daily QTY: 1.00.

TREATMENT PLAN:

Assessment:

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hands. Massage therapy exacerbated his pain. He is not currently working.

The patient did have a QME with Dr. Stoller on 1/23/20. Per Dr. Stoller, the patient is not yet MMI. He recommends an upper extremity EMG to asses his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy. Cervical MRI was completed on 4/3/20 and is reviewed below, EMG was completed on 2/10/20 with Dr. Neeti Bathia, this shows demyelinating ulnar mononcuropathy bilaterally across the clbows, no evidence of median, radial, or cervical radiculopathy on either side.

Plan:

- With regard to the bilateral elbows, he was approved for a surgical consult to address bilateral ulnar neuropathy and did see Dr. Leonard Gordon on 7/22/20. Per the patient, he is not being recommended for surgery. We will request for Dr. Gordon's report as well as Dr. Liberty Jenkins new EMG report today.
- The patient has a QME re-evaluation with Dr. Stoller, which has now been postponed until January 2021.
- Our recent request for 12 additional sessions of acupuncture has been denied and will be appealed based on functional improvement that was documented at his last clinic visit. At this time we will request for 6 sessions of aqua therapy for his wrists, hands, and elbows,
- With regard to the cervical spine, MRI of the cervical spine from 4/3/20 shows a 4mm left disc osteophyte at C5-C6 causing severe bilateral neural foraminal stenosis as well as a left paracentral disc protrusion at C6-C7, mild central stenosis from C5-C7. Severe bilateral neural foraminal stenosis at C5-C6 may be contributing to right shoulder and deltoid pain. We discussed CESI, the patient defers injections. Our request for surgical consultation with Dr. Paul Slosar was deferred on the basis that his insurance is disputing liability for the body parts of the neck and the bilateral upper arms. Our recent re-request for surgical consultation for the neck, as well as TPI in the bilateral trapezius region, were deferred due to dispute of liability of the neck as part of his claim.
- With regard to medications, Voltaren gel and Lidocaine ointment refilled today. We will also trial Gabapentin, we will start him off with 300 mg at night and monitor his response at his next visit, consider titrating up to full therapeutic dosing if tolerated.

Follow up in 4-6 weeks.

WORK STATUS:

WORK STATUS: The patient is not permanent and stationary.

Work restrictions:

- Repetitive activities using upper extremities limited to 1 hour in an 8 hour shift.
- Light computer work for up to an hour for an 8 hour shift.
- -No lifting, pushing, or pulling greater than 5 pounds

TIME SPENT:

Greater than 50% of the visit was spent in counseling and coordination of care. As such, time spent with the patient should be the guiding determinant in determining the level of evaluation and management services. 25 minutes were spent in direct face to face time with the patient. "I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend of accounts or other consideration, whether in the form of money or otherwise, or compensation or inducement for any referred evaluation or examination."

Please consider the treatment plan as a formal request for preauthorization services described therein. In the event that the written denial, authorization or notice of delay is not received by our office within 7 business days with a description of the review by a qualified physician with training in pain management and/or physical medicine and rehabilitation expertise (as per the dictates of the California Code of Regulation 9792.6) we will assume de facto authorization.

If prior pre-authorization has been requested in an earlier report or therapeutic plan, please consider the date of the prior request as applicable for the purposes of the formal date of request. *Dr. Morley and Dr. Jamasbi hold a financial interest in Bay Surgery Center. The Northern California Functional Restoration Program is an integral part of Pain and Rehabilitative Consultants Medical Group.

JUSTIFICATION:

Gabapentin (Neurontin): The following has been recommended regarding Gabapentin (Neurontin) in the MTUS/ACOEM guidelines

Anti-convulsant Agents for Neuropathic Pain

Recommended.

Anti-convulsants (Gabapentin, Pregabalin, Mirogabalin, Gabapentin Enacarbil, Lamotrigine, Topiramate, Carbamazepine, and Oxcarbazepine) are moderately recommended for treatment of neuropathic pain.

Strength of Evidence – Moderately Recommended, Evidence (B)

Level of Confidence - High

Indications: Moderate to severe painful neuropathic pain sufficient neuropathic pain to require medication. Generally, anti-convulsants are considered a potential adjunct as a second- or third-line treatment for chronic neuropathic pain, after attempting other treatments (e.g., anti-depressants, aerobic exercise, other exercise).

Benefits: Modest pain reduction. May include reduced sleep disturbance.

Harms: Scdating properties may be intolerable. For some, the sedation is sufficient to impair daytime activities and thus, especially in those cases, be inappropriate for safety sensitive jobs. Also may have adverse effects including nausea, vomiting, dizziness, confusion, somnolence and weight gain. Carbamazepine may be associated with fluid and electrolyte abnormalities. Topiramate may cause kidney stones and ocular toxicity.

Frequency/Dose/Duration: Frequency and dosing are based on the medication prescribed. Duration of use for neuropathic pain patients may be indefinite, although many of these patients do not require indefinite treatment as the condition usually often resolves or improves. Gabapentin dose is initiated usually at 300mg/day and gradually raised.

Indications for Discontinuation: Resolution of pain, lack of efficacy, intolerance, or development of adverse effects. Monitoring of employed patients is indicated due to elevated risks for CNS-sedating adverse effects.

Rationale: There is high and moderate quality evidence of efficacy for multiple anti-convulsants (Gabapentin, Pregabalin, Lamotrigine, Carbazepime and Topiramate) for treatment of peripheral neuropathic pain in comparison with placebo [199][200, 201][191-194, 198, 202]. Although not all studies are positive [195, 196, 1146, 1147], the highest quality studies and those with larger sample sizes suggest efficacy. Nearly all quality evidence is of peripheral neuropathic pain, although at least one quality trial included MS patients [192]. There is not evidence that adding lamotrigine to gabapentin is efficacious [192]. Comparable efficacy has been suggested when comparing gabapentin and nortriptyline [1120]. In a study by Otto 2004, Valproic acid did not prove efficacious, however, in another study divalproex showed efficacy for post-herpetic neuralgia when compared to placebo at 8 weeks [1148]. Anti-convulsants are not invasive, have some adverse effects, are moderate cost, have some quality evidence of efficacy for treatment of neuropathic pain and are recommended.

Evidence: A comprehensive literature search was conducted using PubMed, Scopus, CINAHL, and Google Scholar without date limits using the following terms: neuropathic pain, nerve pain, neuralgia; controlled clinical trial, controlled trials, randomized controlled trial, randomized controlled trials, random allocation, random*, randomized, randomization, randomly; systematic, systematic review, retrospective, and prospective studies. We found and reviewed 1413 articles in PubMed, 917 in Scopus, 176 in CINAHL, 9,630 in Google Scholar and 0 from other sources. We considered for inclusion 349 from PubMed, 0 from Scopus, 12 from CINAHL, 0 from Google Scholar and 0 from other sources. Of the 361 articles considered for inclusion, 238 randomized controlled trials and 123 systematic reviews met the inclusion criteria. A comprehensive literature search since 2012 was conducted using PubMed using the following terms: diabetic neuropathy; controlled clinical trial, controlled trials, randomized controlled trial, randomized controlled trials, random allocation, random*, randomized, randomization, randomly; systematic, systematic review, retrospective, and prospective studies. We found and reviewed 2423 articles in PubMed and 0 from other sources. We considered for inclusion 19 from PubMed and 0 from other sources. Of the 19 articles considered for inclusion, 13 randomized controlled trials and 0 systematic reviews met the inclusion criteria. There is high-quality and moderate-quality studies incorporated into this analysis. There is low-quality evidence listed in Appendix 4.

Lidocaine cream: The following has been recommended regarding Lidocaine in the ODG guidelines:

Lidocaine: Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. See Criteria for use below. Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-prurities. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. Indications: Recommended for localized pain that is consistent with a neuropathic etiology after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine patches are generally not recommended for non-neuropathic pain (including osteoarthritis or myofascial pain/trigger points). See Criteria for use below. Most studies have utilized the Neuropathic Pain Scale (NPS) as measure of neuropathy when there are questions of whether this is the cause of pain. There is limited information as to long-term efficacy and continued information as to outcomes should be provided to allow for on-going use, (Argoff, 2004) (Galer, 2004) (Argoff, 2006) (Dworkin, 2007) (Khaliq-2009) (Burch, 2004) (Gimbel, 2005) (Dworkin, 2003) (Finnerup, 2005) (O'Connor, 2009) Discussion about specific details of these studies are given in detail with references. Trigger points & myofascial pain: Not recommended. (Affaitati, 2009) (Dalpaiz,

2004) Osteoarthritis of the knee: Not generally recommended unless a component of neuropathy is indicated using measures such as the Neuropathic Pain Scale. All current available studies were sponsored by the manufacturer of lidocaine patches and are non-controlled, and of short-term in duration. (Burch, 2004) (Kivitz, 2008) Axial back pain (including osteoarthritis): Not recommended unless neuropathy is suggested. Current studies as to use of Lidoderm patches for non-neuropathic low back pain are non-controlled, may or may not evaluate for the presence of neuropathic quality, have included multiple stages of pain (from acute to chronic), have included multiple diagnoses, show limited results in pain reduction, and are generally sponsored by the manufacturer. Acute groups have had better results than chronic pain patients, which may be attributed to natural recovery. (Gimbel, 2005) (Galer, 2004) (Argoff, 2004) The FDA has approved a Lidocaine/ tetracaine cream (Pliaglis®) for local analgesia. This is only indicated for superficial aesthetic procedures, such as dermal filler injection, pulsed dye laser therapy, facial laser resurfacing, and laser-assisted tattoo removal. (FDA, 2013).

Voltaren Gel: The following has been recommended regarding Voltaren gel in the MTUS/ACOEM guidelines

Topical NSAIDs are selectively recommended for treatment of chronic persistent pain where target tissue is superficially located.

Strength of Evidence – Recommended, Insufficient Evidence (I)

Level of Confidence - Low

Indications: Chronic persistent pain in a superficial area that is amenable to a topical agent. Should generally have intolerance of, or another indication against oral NSAID use.

Benefits: Improvement in pain and function. Avoidance of gastrointestinal adverse effects of some NSAIDs.

Harms: Irritation, allergy, having to use on skin that may interfere with some job performance needs

Frequency/Dose/Duration: Per manufacturer's recommendations

Indications for Discontinuation: Resolution, intolerance, adverse effects, or lack of benefits.

Rationale: There are no quality studies of treating chronic persistent pain with topical NSAIDs. The target tissue for most, but not all chronic persistent pain with an occupational basis is generally too deep for justification of use of topical NSAIDs. Topical NSAIDs are not invasive, have low adverse effects, are high cost for a typical treatment regimen, and are selectively recommended for treatment of conditions amenable to topical treatment who generally also have intolerance or other contraindication for oral NSAID use.

Evidence: There are high- and moderate-quality RCTs incorporated into this analysis. There are

no quality studies evaluating topical NSAIDs for treatment of chronic persistent pain syndrome.

It has been brought to our attention that on occasion there has been some confusion in regards to prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

CC:

Kweller, Esq., Zachary: 09/08/2020

Castro, Mario: 09/08/2020 UR, Chubb: 09/08/2020 UR, Chubb: 09/21/2020 UR, Chubb: 09/09/2020

Kweller, Esq., Zachary: 09/11/2020

Castro, Mario : 09/11/2020 UR, Chubb : 09/11/2020

This visit note has been electronically signed off by Jamasbi, Babak J., M.D. on 09/12/2020

Pacific Workers!

UR Check off List

ADJ RCVD:

09/08/2020

5 DAY DUE DATE:

09/15/2020

UR RCVD:

09/10/2020

CLAIM#:

040519008736

CLAIMANT:

Jonathan Shockley

Cor Vel #:

139249073-UMO-29

CM ASSIGNED

Elena Vega

Processor:

Amy DiPillo

Review Type:

Prospective

QA Reviewer:

Jimmy Tran

Category:

IMR

Jurisdiction:

California

WCIS#:

2019022115295475087374

Date of Injury:

02/15/2019

MEDICATION								
Determination	Type of Medication	Name of Medication	Dosage	# of Refills	Brand Name	Facility	Provider	Notes
Requested		Gabapentin	300mg #30		No			PLEASE DETERMINE IF A DEFERRAL LETTER IS NEEDED BASED ON ACCEPTED BODY PARTS.
Requested		Lidocaine 5% ointment	#60		No			PLEASE DETERMINE IF A DEFERRAL LETTER IS NEEDED BASED ON ACCEPTED BODY PARTS.
Requested		Voltaren 1% Gel	#1		No			PLEASE DETERMINE IF A DEFERRAL LETTER IS NEEDED BASED ON ACCEPTED BODY PARTS.

EMPLO YEE:

Jonathan Shockley

EMPLO YER:

Biotelemetry, Inc.

Employee Address:

1000 Sutter St.

San Francisco, CA 94109

Social Security Number:

217-25-7160

Date of Birth:

09/27/1978

INSURER/CARRIER:

Chubb & Son (WC) - Los Angeles, CA / Chubb & Son (WC) - Los Angeles, CA /

Adjuster Address:

POBox 30850,

Los Angeles, CA 90030

Adjuster:

Mario Castro

Adjuster Phone:

(213) 612-0880

Adjuster Email:

Mario.Castro@Chubb.com

Adjuster Fax:

PROVIDER:

Babak Jamasbi, MD

Provider Address:

1335 Stanford Ave.

Emeryville, CA 94608

Provider Ph / Fax:

(510) 647-5101 /(510) 847-5105

PLANTIFF ATTORNEY:

Farber & Co

Attorney Address:

333 Hegenberger Road #504

Oakland CA 94621

DEFENSE ATTORNEY:

Colantoni, Coll Marren, Phillips and

Attorney Address:

201 Spear Street #1100

San Francisco CA 94105

CASE MANAGER:

Hulbert, Barbara

Email address:

bhulbert@chubb.com

Does this file present an organizational conflict of interest? YES/NO If yes, return file to your supervisor for re-assignment

From:

Perez, Erika

Subject:

GM-ORCA-UR Referrals

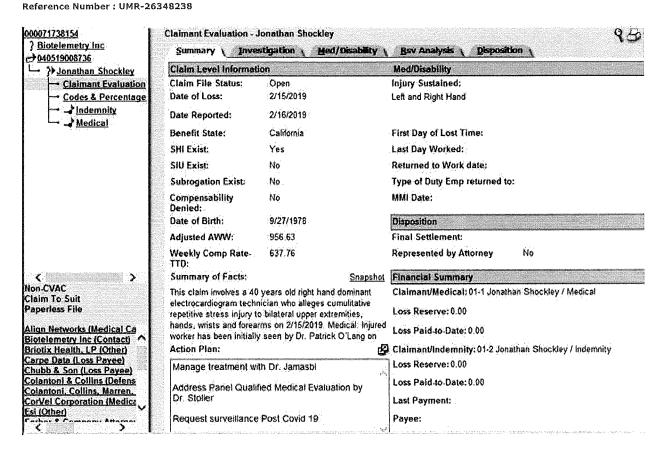
Date:

PLEASE ASSIGN TO ELENA - BODY PARTS** DUE 9.15 RFA Medication / 040519008736 Jonathan Shockley

Monday, September 14, 2020 12:23:29 PM

Attachments:

200908192163527948.pdf image004.png



	₽ Defense IME:
Left and Right Hand	Christian Charles Colantoni Colantoni, Collins, Marren, Phillips and Tulk 201 Spear Street Suite 1100
☐ Employee taken to Emergency Room wi	íthin 24 hrs of injury
☐ Other medical treatment within 24 hours	s
	Claimant IME:
Impairment Disability %: 0.00	Farber & Co 333 Hegenberger Road, Suite 504
Impairment % Basis Code: <none></none>	Oakland, CA 94621
Surgania [in]	510-444-2512 Represented By No V
Surgery? <none> V</none>	Attorney:
Permanency:	Disability Analysis:
employable consecution for Girls Consecution (Consecution Consecution Consecut	
Pharmacy Card: Active Inactive	Ex Pay: Active Inactive
Medical Status:	
Hand Center of San Francisco	
Patrick O Lang MD	그리고
601 Van Ness Ave. Ste. 2018	V
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From cospinoza

18889772986

9/8/2020 16:11:35 PDT

Page Of of 11

State of California, Division of Workers' Compensation REQUEST FOR AUTHORIZATION DWC Form RFA

Attach the Doctor's First Report of Occupational injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

	si is a vinno		ation of a prior oral n		ous threat to his or h		
Employes Informatio						***************************************	***************************************
Name (Last, First, Mic	ldle): Shock	dev. Jon	athan				
Date of injury (MM/DI	1.1. 11.1.4.1			Date	of Birth (MM/DD/YY	YY): 09/27/1	978
Claim Number: 04051					oyer: Biolelemetry,		
Requesting Physicia		lon.					(4) 1 6 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name: Dr. Jamasbl.		<u> </u>					
Practico Namo: PRCI				Contac	ct Name:Christian C	9.··	
Address: 1335 Stanford Ave					Emeryville		State: CA
Zip Code: 94608	Marine Company of the	one: 510-	647-5101 ext 471		lumber: 510-647-51	05	
Specialty: Pain Mana	gement				lumber: 137663719		
E-mail Address:			***************************************			~	
Glaims Administrato	r Informati	on?	ever a service and a service and a service as	re-pleasure	a kade o propositional participation of	riyaniya indonesia ya	warendary wordy crease
Company Name:Chul					act Name: Castro, N		
Address: P.O. Box 4	2065			City:	Phoenix		State:AZ
Zip Code: 85080	Ph	one: 213-	612-5378	Fax	lumber; 800-664-17	65	
E-mail Address:							
	on a separ	ate sheet				procedures	
Diagnosis (Required)	ICD-Co (Requir	ode	If the space below is Service/Good Requ (Required)	Insufficie		Other (Freque	page number(s may be entered Information: ency, Duration entity, etc.)

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☐ Resubmission – Change in Material Facts

State of California, Division of Workers' Compensation REQUEST FOR AUTHORIZATION DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

■ New Request

☐ Expedited Review: Check box if employee faces an imminent and serious threat to his or her health ☐ Check box if request is a written confirmation of a prior oral request.							
Employee Information						SPACE AND STATE OF THE SPACE OF	
Date of Injury (MM/DD	PYYYY): 02/15/20 1	19	Date	of Birth (MM/DD/YY	YY): 09/27/19	78	
Claim Number: 04051	9008736		Empl	oyer: Biotelemetry,	Inc	<u> </u>	
Requesting Physicia	n Information	na productiva de la companya de la c Companya de la companya de la compa	en beneat en la			s de l'écret de l'Agres de l'action de L'action de l'action de l'a	
Name: Dr. Jamasbi, f							
Practice Name: PRCM	1G		Conta	ct Name:Christian	G.		
Address: 1335 Stanfo	rd Ave		City:	Emeryville		State: CA	
Zip Code: 94608	Phone: 51	10-647-5101 ext 471	Fax N	Jumber: 510-647-51	05		
Specialty: Pain Manag	gement		NPIN	lumber: 137663719	9	<u> </u>	
E-mail Address:							
Claims Administrator Information - Commence of the Commence of							
Company Name:Chuk	b Son of Federa	l Ins Company	Conta	act Name: Castro, I	/lario		
Address: P.O. Box 42	2065		City:	Phoenix		State:AZ	
Zip Code: 85080	Phone; 21	13-612-5378	Fax N	lumber: 800-664-17	'65		
E-mail Address:							
Requested Treatmen	it (see Instruction	s for guldance; attached	l'addit	lonal pages if nece	issary)*****		
of the attached medic	al report on which	vices, goods, or items in t the requested treatment o et if the space below is in	an be	found. Up to five (5)			
Diagnosis (Required)	ICD-Code (Required)	Service/Good Reques (Required)	ted	CPT/HCPGS Code (If known)	(Freque	nformation: ncy, Duration ntity, etc.)	
	Z79.899, M50.10, G56.20	1 Gabapentin 300 Mg Capsule SIG: Take one QTY: 30.00 2 Lidocaine 5% Ointmei SIG: Apply 2-3 grams to affected area up to 4 tin daily QTY: 60.00 3 Voltaren 1% Gel SIG: to affected area daily Q 1.00	nt nes Apply				

Received 12/28/2020 Pacific Workers'

upper limb	1		T dollic Workers						
	Date of Visit: Sep 04, 2020								
Treatment to be paid under the CA OM	FS.	- 1 10111111111111111111111111111111111							
Peer to Peer calls: Mon-Fri 3:30pm -5	pm PT. Please call (510) 647-5101 x0								
			Date: 09/08/2020 at 03:52 PM(PT)						
Requesting Physician Signature	Bof Non								
	ion Review Organization (URO) Res	oonse							
☐ Approved ☐ Denied or Mo	odified (See separate decision letter) Deen previously denied Liability for t	Delay (See sep	arate notification of delay) ed (See separate letter)						
Authorization Number (if assign	ned):	Date:							
Authorized Agent Name:		Signature:							
Phone:	Fax Number:	E-mail Address:							
Comments:									

DWC Form RFA (Effective 2/2014)

Page 1

CC:

UR Department (if applicable):213-612-5785 Applicant Attorney (if applicable):Zachary Kweller, Esq. 866-819-6169



Babak Jamasbi, MD | Brendan Morley, MD
Timothy Lo, MD | Arzhang Zereshki, MD | Neil Kamdar, MD | John Alchemy, MD

1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

Visit Note

Provider:

Supervising: Babak J, Jamasbi, M.D. Performing: Jessica Aikin, PA-C

Encounter Date: Sep 04, 2020

Patient: Shockley, Jonathan (PT00023609)

Sex: Male

DOB: Sep 27, 1978 Age: 41 Year Race: Unreported/Refused to Report

Address: 1000 Sutter St Room 123, San Francisco CA 94109 Pref. Phone(H):

415-312-4029

Primary Dr.: Babak Jamasbi, M.D.

Referred By: Babak Jamasbi, M.D.

Injury Date: 02/15/2019 Employer: Biotelemetry, Inc

Case Insurance: Chubb Son of Federal Ins Company

Claim No.: 040519008736

VISIT TYPE:

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:

Mr. Shockley was not physically able to come into the office today due to compliance with the current National Emergency guidelines for the COVID-19 pandemic; therefore, a telemedicine follow-up visit was done today. The nature of telehealth consultation was discussed with the patient, including the risks, benefits and alternatives. The patient had opportunity to ask questions about the information and those questions were answered. The patient verbalized understanding and agreed to this telehealth consultation.

SUBJECTIVE COMPLAINTS:

Patient is here to follow up on pain in his arms and bilateral hands.

Patient continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists up to his elbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". He reports pain in his neck as well as numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment.

The patient did see Dr. Leonard Gordon on July 22, 2020, regarding ulnar mononeuropathy at the bilateral elbows as seen on most recent EMG. He has also had a new EMG of the bilateral upper extremities done with Dr. Liberty Jenkins, neurologist. Per the patient, this also confirmed ulnar neuropathy.

Our request for 12 sessions of acupuncture treatment was denied and is in the process of appeal. In the meantime, he would be interested in trying aqua therapy.

With regard to medication, he continues with Lidocaine cream and voltaren gel as topical medications. He denies side effects with his medications. He does request for refills today.

Medical History:

* * *

PAST MEDICAL HISTORY

- 1. Bronchitis 2 years ago.
- 2. Eczema.
- 3. He had an episode of epilepsy and took Tegretol at age 10 or 11.
- 4. History of anxiety. He was taking Hydroxyzine but now does not take medication and just meditates.

PAST SURGICAL HISTORY

- 1. Adenoidectomy in 1987.
- 2. Lasik surgery in 2000,
- 3. Sympathectomy in 2000.
- 4. Right big toe bone spur removal in 2000.
- 5. Right Achilles tendon debridement in 2002.
- 6. Right Achilles tendon debridement in 2003.

Social History:

PSYCH/SOCIAL HISTORY

The patient does not smoke cigarettes.

The patient does not drink alcoholic beverages.

The patient does not use illicit drugs.

The patient is not married.

The patient has a significant other,

The patient has no children.

Patient does not have a family history of childhood abuse.

Patient does not have a family history of sexual abuse.

Epworth Scale is 0. The patient goes to bed, falls asleep and wakes up at variable times. The patient feels he gets adequate rest.

OBJECTIVE FINDINGS:

Mental Status: The patient is awake, alert and fully oriented with normal speech and language. Appropriately conversant, pleasant, cooperates with exam.

Spine:

Upright spinal posture

Motor:

Patient is able to stand up from a chair unassisted.

Gait is narrow based and steady.

UE/LE muscle strength:

Bilateral upper and lower extremity strength appear intact on non-confrontational movement exam, without evidence for foot drop or other observable weakness. Normal bulk and tone. No atrophy noted.

Current Medications:

- 1. Lidocaine 5% Ointment Apply 2-3 grams to affected area up to 4 times daily
- 2. Voltaren 1% Gel Apply to affected area daily
- 3. Advil (OTC)
- 4. Aspirin Ec 81 Mg Tablet (OTC)

FORMAL REQUEST FOR AUTHORIZATION:

6 sessions of Aquatic Therapy (97113) Elbow Bilateral Elbows Wrist Bilateral Wrists Hand Bilateral Hands.

This is a formal request for authorization of the medications within the "prescriptions" section of this note.

DIAGNOSIS:

M50.10	Cervical disc disorder with radiculopathy, unspecified cervical region
M70.821	Other soft tissue disorders related to use, overuse and pressure, right upper arm
M70.822	Other soft tissue disorders related to use, overuse and pressure, left upper arm
M70.831	Other soft tissue disorders related to use, overuse and pressure, right forearm
G56.20	Lesion of ulnar nerve, unspecified upper limb

PRESCRIPTION:

1 Gabapentin 300 Mg Capsule SIG: Take one QHS QTY: 30.00.

Refill Added:

1 Lidocaine 5% Ointment SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 60.00.

2 Voltaren 1% Gel SIG: Apply to affected area daily QTY: 1.00.

TREATMENT PLAN:

Assessment:

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hands. Massage therapy exacerbated his pain. He is not currently working.

The patient did have a QME with Dr. Stoller on 1/23/20. Per Dr. Stoller, the patient is not yet MMI. He recommends an upper extremity EMG to asses his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy. Cervical MRI was completed on 4/3/20 and is reviewed below, EMG was completed on 2/10/20 with Dr. Necti Bathia, this shows demyelinating ulnar mononeuropathy bilaterally across the elbows, no evidence of median, radial, or cervical radiculopathy on either side.

Plan:

- With regard to the bilateral elbows, he was approved for a surgical consult to address bilateral ulnar neuropathy and did see Dr. Leonard Gordon on 7/22/20. Per the patient, he is not being recommended for surgery. We will request for Dr. Gordon's report as well as Dr. Liberty Jenkins new EMG report today.
- The patient has a QME re-evaluation with Dr. Stoller, which has now been postponed until January 2021.
- Our recent request for 12 additional sessions of acupuncture has been denied and will be appealed based on functional improvement that was documented at his last clinic visit. At this time we will request for 6 sessions of aqua therapy for his wrists, hands, and elbows.
- With regard to the cervical spine, MRI of the cervical spine from 4/3/20 shows a 4mm left disc osteophyte at C5-C6 causing severe bilateral neural foraminal stenosis as well as a left paracentral disc protrusion at C6-C7, mild central stenosis from C5-C7. Severe bilateral neural foraminal stenosis at C5-C6 may be contributing to right shoulder and deltoid pain. We discussed CESI, the patient defers injections. Our request for surgical consultation with Dr. Paul Slosar was deferred on the basis that his insurance is disputing liability for the body parts of the neck and the bilateral upper arms. Our recent re-request for surgical consultation for the neck, as well as TPI in the bilateral trapezius region, were deferred due to dispute of liability of the neck as part of his claim.
- With regard to medications, Voltaren gel and Lidocaine ointment refilled today. We will also trial Gabapentin, we will start him off with 300 mg at night and monitor his response at his next

visit, consider titrating up to full therapeutic dosing if tolerated.

Follow up in 4-6 weeks.

WORK STATUS:

WORK STATUS: The patient is not permanent and stationary.

Work restrictions:

- Repetitive activities using upper extremities limited to 1 hour in an 8 hour shift.
- Light computer work for up to an hour for an 8 hour shift.
- -No lifting, pushing, or pulling greater than 5 pounds

TIME SPENT:

Greater than 50% of the visit was spent in counseling and coordination of care. As such, time spent with the patient should be the guiding determinant in determining the level of evaluation and management services. 25 minutes were spent in direct face to face time with the patient. "I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend of accounts or other consideration, whether in the form of money or otherwise, or compensation or inducement for any referred evaluation or examination."

Please consider the treatment plan as a formal request for preauthorization services described therein. In the event that the written denial, authorization or notice of delay is not received by our office within 7 business days with a description of the review by a qualified physician with training in pain management and/or physical medicine and rehabilitation expertise (as per the dictates of the California Code of Regulation 9792.6) we will assume de facto authorization.

If prior pre-authorization has been requested in an earlier report or therapeutic plan, please consider the date of the prior request as applicable for the purposes of the formal date of request. *Dr. Morley and Dr. Jamasbi hold a financial interest in Bay Surgery Center. The Northern California Functional Restoration Program is an integral part of Pain and Rehabilitative Consultants Medical Group.

JUSTIFICATION:

Gabapentin (Neurontin): The following has been recommended regarding Gabapentin (Neurontin) in the MTUS/ACOEM guidelines

Anti-convulsant Agents for Neuropathic Pain Recommended.

Anti-convulsants (Gabapentin, Pregabalin, Mirogabalin, Gabapentin Enacarbil, Lamotrigine, Topiramate, Carbamazepine, and Oxcarbazepine) are moderately recommended for treatment of neuropathic pain.

Strength of Evidence - Moderately Recommended, Evidence (B)

Level of Confidence - High

Indications: Moderate to severe painful neuropathic pain sufficient neuropathic pain to require medication. Generally, anti-convulsants are considered a potential adjunct as a second- or third-line treatment for chronic neuropathic pain, after attempting other treatments (e.g., anti-depressants, aerobic exercise, other exercise).

Benefits: Modest pain reduction. May include reduced sleep disturbance.

Harms: Sedating properties may be intolerable. For some, the sedation is sufficient to impair daytime activities and thus, especially in those cases, be inappropriate for safety sensitive jobs. Also may have adverse effects including nausea, vomiting, dizziness, confusion, somnolence and weight gain. Carbamazepine may be associated with fluid and electrolyte abnormalities. Topiramate may cause kidney stones and ocular toxicity.

Frequency/Dosc/Duration: Frequency and dosing are based on the medication prescribed. Duration of use for neuropathic pain patients may be indefinite, although many of these patients do not require indefinite treatment as the condition usually often resolves or improves. Gabapentin dose is initiated usually at 300mg/day and gradually raised.

Indications for Discontinuation: Resolution of pain, lack of efficacy, intolerance, or development of adverse effects. Monitoring of employed patients is indicated due to elevated risks for CNS-sedating adverse effects.

Rationale: There is high and moderate quality evidence of efficacy for multiple anti-convulsants (Gabapentin, Pregabalin, Lamotrigine, Carbazepime and Topiramate) for treatment of peripheral neuropathic pain in comparison with placebo [199][200, 201][191-194, 198, 202]. Although not all studies are positive [195, 196, 1146, 1147], the highest quality studies and those with larger sample sizes suggest efficacy. Nearly all quality evidence is of peripheral neuropathic pain, although at least one quality trial included MS patients [192]. There is not evidence that adding lamotrigine to gabapentin is efficacious [192]. Comparable efficacy has been suggested when comparing gabapentin and nortriptyline [1120]. In a study by Otto 2004, Valproic acid did not prove efficacious, however, in another study divalproex showed efficacy for post-herpetic neuralgia when compared to placebo at 8 weeks [1148]. Anti-convulsants are not invasive, have some adverse effects, are moderate cost, have some quality evidence of efficacy for treatment of neuropathic pain and are recommended.

Evidence: A comprehensive literature search was conducted using PubMed, Scopus, CINAHL, and Google Scholar without date limits using the following terms: neuropathic pain, nerve pain, neuralgia; controlled clinical trial, controlled trials, randomized controlled trial, randomized controlled trials, random allocation, random*, randomized, randomization, randomly; systematic, systematic review, retrospective, and prospective studies. We found and reviewed 1413 articles in PubMed, 917 in Scopus, 176 in CINAHL, 9,630 in Google Scholar and 0 from other sources. We considered for inclusion 349 from PubMed, 0 from Scopus, 12 from CINAIIL, 0 from Google Scholar and 0 from other sources. Of the 361 articles considered for inclusion, 238 randomized controlled trials and 123 systematic reviews met the inclusion criteria. A comprehensive literature search since 2012 was conducted using PubMed using the following terms: diabetic neuropathy; controlled clinical trial, controlled trials, randomized controlled trial, randomized controlled trials, random allocation, random*, randomized, randomization, randomly, systematic, systematic review, retrospective, and prospective studies. We found and reviewed 2423 articles in PubMed and 0 from other sources. We considered for inclusion 19 from PubMed and 0 from other sources. Of the 19 articles considered for inclusion, 13 randomized controlled trials and 0 systematic reviews met the inclusion criteria. There is high-quality and moderate-quality studies incorporated into this analysis. There is low-quality evidence listed in Appendix 4.

Lidocaine cream: The following has been recommended regarding Lidocaine in the ODG guidelines:

Lidocaine: Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. See Criteria for use below. Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-prurities. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. Indications: Recommended for localized pain that is consistent with a neuropathic etiology after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine patches are generally not recommended for non-neuropathic pain (including osteoarthritis or myofascial pain/trigger points). See Criteria for use below. Most studies have utilized the Neuropathic Pain Scale (NPS) as measure of neuropathy when there are questions of whether this is the cause of pain. There is limited information as to long-term efficacy and continued information as to outcomes should be provided to allow for on-going use. (Argoff, 2004) (Galer, 2004) (Argoff, 2006) (Dworkin, 2007) (Khaliq-2009) (Burch, 2004) (Gimbel, 2005) (Dworkin, 2003) (Finnerup, 2005) (O'Connor, 2009) Discussion about specific details of these studies are given in detail with

references. Trigger points & myofascial pain: Not recommended. (Affaitati, 2009) (Dalpaiz, 2004) Osteoarthritis of the knee: Not generally recommended unless a component of neuropathy is indicated using measures such as the Neuropathic Pain Scale. All current available studies were sponsored by the manufacturer of lidocaine patches and are non-controlled, and of short-term in duration. (Burch, 2004) (Kivitz, 2008) Axial back pain (including osteoarthritis): Not recommended unless neuropathy is suggested. Current studies as to use of Lidoderm patches for non-neuropathic low back pain are non-controlled, may or may not evaluate for the presence of neuropathic quality, have included multiple stages of pain (from acute to chronic), have included multiple diagnoses, show limited results in pain reduction, and are generally sponsored by the manufacturer. Acute groups have had better results than chronic pain patients, which may be attributed to natural recovery. (Gimbel, 2005) (Galer, 2004) (Argoff, 2004) The FDA has approved a Lidocaine/ tetracaine cream (Pliaglis®) for local analgesia. This is only indicated for superficial aesthetic procedures, such as dermal filler injection, pulsed dye laser therapy, facial laser resurfacing, and laser-assisted tattoo removal. (FDA, 2013).

Voltaren Gel: The following has been recommended regarding Voltaren gel in the MTUS/ACOEM guidelines

Topical NSAIDs are selectively recommended for treatment of chronic persistent pain where target tissue is superficially located.

Strength of Evidence – Recommended, Insufficient Evidence (I)

Level of Confidence - Low

Indications: Chronic persistent pain in a superficial area that is amenable to a topical agent. Should generally have intolerance of, or another indication against oral NSAID use.

Benefits: Improvement in pain and function. Avoidance of gastrointestinal adverse effects of some NSAIDs.

Harms: Irritation, allergy, having to use on skin that may interfere with some job performance needs

Frequency/Dose/Duration: Per manufacturer's recommendations

Indications for Discontinuation: Resolution, intolerance, adverse effects, or lack of benefits.

Rationale: There are no quality studies of treating chronic persistent pain with topical NSAIDs. The target tissue for most, but not all chronic persistent pain with an occupational basis is generally too deep for justification of use of topical NSAIDs. Topical NSAIDs are not invasive, have low adverse effects, are high cost for a typical treatment regimen, and are selectively recommended for treatment of conditions amenable to topical treatment who generally also have intolerance or other contraindication for oral NSAID use.

Evidence: There are high- and moderate-quality RCTs incorporated into this analysis. There are no quality studies evaluating topical NSAIDs for treatment of chronic persistent pain syndrome.

It has been brought to our attention that on occasion there has been some confusion in regards to prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

CC:

Kweller, Esq., Zachary: 09/08/2020

Castro, Mario : 09/08/2020 UR, Chubb : 09/08/2020

This visit note has been electronically signed off by Aikin, Jessica, PA-C on 09/04/2020

Perez, Erika

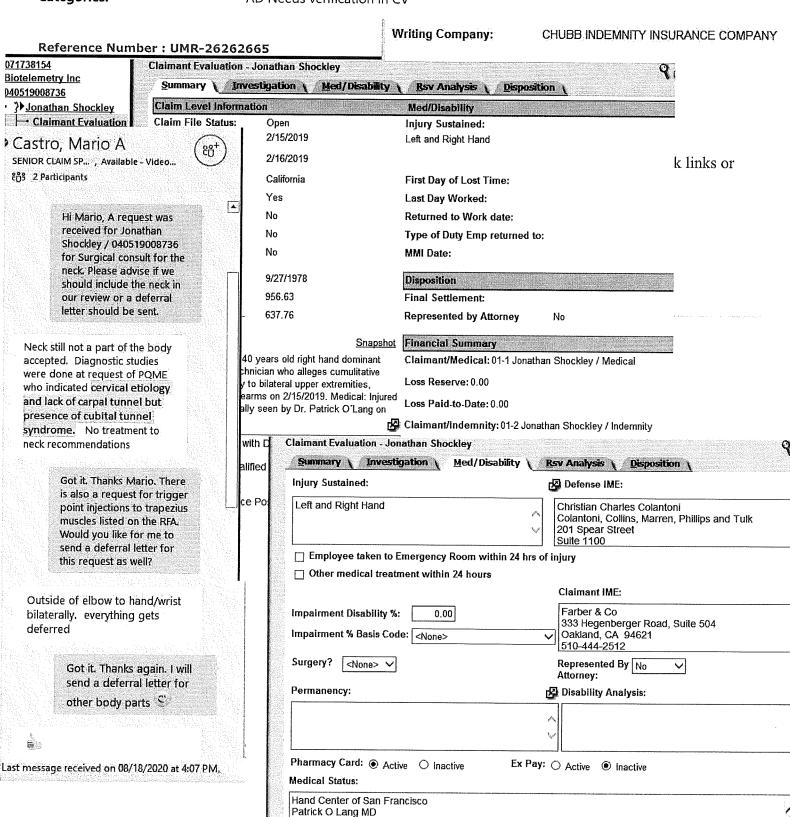
From: GM-ORCA-Chubb UR Sent: Tuesday, August 18, 2020 2:59 PM To: GM-ORCA-Chubb UR

Subject:

FW: DUE 8.20 RFA Injection, Consult / 040519008736 Jonathan Shockley

Attachments: 200813112345945002.pdf

Categories: AD Needs verification in CV



State of California, Division of Workers' Compensation REQUEST FOR AUTHORIZATION DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

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		Trigger point injection done in office for the trapezius muscul	bliateral		

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immediately and delete all copies from your computer system without reading, saving, printing, forwarding or using it in any manner. Although it has been checked for viruses and other malicious software ("malware"), we do not warrant, represent or guarantee in any way that this communication is free of malware or potentially damaging defects. All liability for any actual or alleged loss, damage, or injury arising out of or resulting in any way from the receipt, opening or use of this email is expressly disclaimed.

State of California, Division of Workers' Compensation REQUEST FOR AUTHORIZATION DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

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Address: 1335 Stanfor	rd Ave		City:	Emeryville	State: 0	:A
Zip Code: 94608	Phone: 51	10-647-5101 x133	Fax N	lumber: 510-647 <mark>-5</mark> 1	05 or 510-540-6965	
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radiculopathy, unspecified cervical region	Z79.899, M50.10,					
Other soft tissue disorders related to use, overuse	G56.20					
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DWC Form RFA (Effective 2/2014)

Page 1

CC:

UR Department (if applicable):213-612-5785
Applicant Attorney (if applicable):Zachary Kweller, Esq. 866-819-6169
Nurse Case Manager (if applicable):



Babak Jamasbi, MD | Brendan Morley, MD
Timothy Lo, MD | Arzhang Zereshki, MD | Neil Kamdar, MD | John Alchemy, MD

1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

Visit Note

Provider:

Supervising: Babak J, Jamasbi, M.D. Performing: Jessica Aikin, PA-C

Encounter Date: Aug 07, 2020

Patient: Shockley, Jonathan (PT00023609)

Sex: Male

DOB: Sep 27, 1978 Age: 41 Year Race: Unreported/Refused to Report

Address: 1000 Sutter St Room 123, San Francisco CA 94109 Pref. Phone(H):

415-312-4029

Primary Dr.: Babak Jamasbi, M.D.

Referred By: Babak Jamasbi, M.D.

Injury Date: 02/15/2019 Employer: Biotelemetry, Inc

Case Insurance: Chubb Son of Federal Ins Company

Claim No.: 040519008736

VISIT TYPE:

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:

Mr. Shockley was not physically able to come into the office today due to compliance with the current National Emergency guidelines for the COVID-19 pandemic; therefore, a telemedicine follow-up visit was done today. The nature of telehealth consultation was discussed with the patient, including the risks, benefits and alternatives. The patient had opportunity to ask questions about the information and those questions were answered. The patient verbalized understanding and agreed to this telehealth consultation.

SUBJECTIVE COMPLAINTS:

Patient is here to follow up on pain in his arms and bilateral hands.

Patient denies acute changes to his pain today. continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists up to his clows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". He reports pain in his neck as well as numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment.

The patient did see Dr. Leonard Gordon on July 22, 2020, regarding ulnar mononeuropathy at the bilateral elbows as seen on most recent EMG. Per the patient, Dr. gordon feels that this may have been a misdiagnosis and he did not recommend surgery.

Our request for 12 additional sessions of acupuncture treatment has been denied, according to the patient. We do not yet have this denial letter, but will review when made available so that we can appeal. As previously discussed with acupuncture treatment, he reports a reduction in his pain complaints from a 4-5/10 to a 2-3/10, constituting a 10-20% reduction in his pain complaints for 2-3 days. His pain is made worse with massage therapy.

With regard to medication, he continues with Lidocaine cream and voltaren gel as topical medications. He denies side effects with his medications. He does request for refills today.

OBJECTIVE FINDINGS:

Mental Status: The patient is awake, alert and fully oriented with normal speech and language. Appropriately conversant, pleasant, cooperates with exam.

Spine:

Upright spinal posture

Motor:

Patient is able to stand up from a chair unassisted.

Gait is narrow based and steady.

UE/LE muscle strength:

Bilateral upper and lower extremity strength appear intact on non-confrontational movement exam, without evidence for foot drop or other observable weakness. Normal bulk and tone. No atrophy noted.

Current Medications:

- 1. Lidocaine 5% Ointment Apply 2-3 grams to affected area up to 4 times daily
- 2. Voltaren 1% Gel Apply to affected area daily
- 3. Advil (OTC)
- 4. Aspirin Ec 81 Mg Tablet (OTC)

FORMAL REQUEST FOR AUTHORIZATION:

Surgical Consult (99205) Neck.

Trigger point injections to be done in office for the bilateral trapezius musculature.

This is a formal request for authorization of the medications within the "prescriptions" section of this note.

DIAGNOSIS:

M50.10	Cervical disc disorder with radiculopathy, unspecified cervical region
M70.821	Other soft tissue disorders related to use, overuse and pressure, right upper arm
M70.822	Other soft tissue disorders related to use, overuse and pressure, left upper arm
M70.831	Other soft tissue disorders related to use, overuse and pressure, right forearm
G56.20	Lesion of ulnar nerve, unspecified upper limb

PRESCRIPTION:

Refill Added:

- 1 Lidocaine 5% Ointment SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 60.00.
- 2 Voltaren 1% Gel SIG: Apply to affected area daily QTY: 1.00.

TREATMENT PLAN:

Assessment:

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hands. Massage therapy exacerbated his pain. He is not currently working.

The patient did have a QME with Dr. Stoller on 1/23/20. Per Dr. Stoller, the patient is not yet MMI. He recommends an upper extremity EMG to asses his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy. Cervical MRI was completed on 4/3/20 and is reviewed below, EMG was completed on 2/10/20 with Dr. Neeti Bathia, this shows demyelinating ulnar mononeuropathy bilaterally across the elbows, no evidence of median, radial, or cervical radiculopathy on either side.

Plan:

- With regard to the bilateral elbows, he was approved for a surgical consult to address bilateral ulnar neuropathy and did see Dr. Leonard Gordon on 7/22/20. Per the patient, he is not being recommended for surgery. We will request for Dr. Gordon's report.
- The patient has a QME re-evaluation with Dr. Stoller, which has now been postponed until January 2021.
- Per the patient, our recent request for 12 additional sessions of acupuncture has been denied.

We will appeal this based on functional improvement as discussed above.

- With regard to the cervical spine, MRI of the cervical spine from 4/3/20 shows a 4mm left disc osteophyte at C5-C6 causing severe bilateral neural foraminal stenosis as well as a left paracentral disc protrusion at C6-C7, mild central stenosis from C5-C7. Severe bilateral neural foraminal stenosis at C5-C6 may be contributing to right shoulder and deltoid pain. We discussed CESI, the patient defers injections. Our request for surgical consultation with Dr. Paul Slosar was deferred on the basis that his insurance is disputing liability for the body parts of the neck and the bilateral upper arms. We will re-request for surgical consultation for the neck today as this was included in his QME.
- We will request for TPI in the bilateral trapezius region.
- We did discuss his work restrictions today. He has significant pain in his arms with extended periods of typing and computer work, therefore we have updated his work restrictions to reflect this today.
- With regard to medications, Voltaren gel and Lidocaine ointment refilled today.

Follow up in 4-6 weeks.

WORK STATUS:

WORK STATUS: The patient is not permanent and stationary.

Work restrictions:

- Repetitive activities using upper extremities limited to 1 hour in an 8 hour shift.
- Light computer work for up to an hour for an 8 hour shift.
- -No lifting, pushing, or pulling greater than 5 pounds

TIME SPENT:

Greater than 50% of the visit was spent in counseling and coordination of care. As such, time spent with the patient should be the guiding determinant in determining the level of evaluation and management services. 15 minutes were spent in direct face to face time with the patient. "I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend of accounts or other consideration, whether in the form of money or otherwise, or compensation or inducement for any referred evaluation or examination."

Please consider the treatment plan as a formal request for preauthorization services described therein. In the event that the written denial, authorization or notice of delay is not received by our office within 7 business days with a description of the review by a qualified physician with training in pain management and/or physical medicine and rehabilitation expertise (as per the dictates of the California Code of Regulation 9792.6) we will assume de facto authorization.

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JUSTIFICATION:

Lidocaine cream: The following has been recommended regarding Lidocaine in the ODG guidelines:

Lidocaine: Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. See Criteria for use below. Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-prurities. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. Indications: Recommended for localized pain that is consistent with a neuropathic etiology after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine patches are generally not recommended for non-neuropathic pain (including osteoarthritis or myofascial pain/trigger points). See Criteria for use below. Most studies have utilized the Neuropathic Pain Scale (NPS) as measure of neuropathy when there are questions of whether this is the cause of pain. There is limited information as to long-term efficacy and continued information as to outcomes should be provided to allow for on-going use. (Argoff, 2004) (Galer, 2004) (Argoff, 2006) (Dworkin, 2007) (Khaliq-2009) (Burch, 2004) (Gimbel, 2005) (Dworkin, 2003) (Finnerup, 2005) (O'Connor, 2009) Discussion about specific details of these studies are given in detail with references. Trigger points & myofascial pain: Not recommended. (Affaitati, 2009) (Dalpaiz, 2004) Osteoarthritis of the knee: Not generally recommended unless a component of neuropathy is indicated using measures such as the Neuropathic Pain Scale. All current available studies were sponsored by the manufacturer of lidocaine patches and are non-controlled, and of short-term in duration. (Burch, 2004) (Kivitz, 2008) Axial back pain (including osteoarthritis): Not recommended unless neuropathy is suggested. Current studies as to use of Lidoderm patches

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Voltaren Gel: The following has been recommended regarding Voltaren gel in the MTUS/ACOEM guidelines

Topical NSAIDs are selectively recommended for treatment of chronic persistent pain where target tissue is superficially located.

Strength of Evidence – Recommended, Insufficient Evidence (I)

Level of Confidence - Low

Indications: Chronic persistent pain in a superficial area that is amenable to a topical agent. Should generally have intolerance of, or another indication against oral NSAID use.

Benefits: Improvement in pain and function. Avoidance of gastrointestinal adverse effects of some NSAIDs.

Harms: Irritation, allergy, having to use on skin that may interfere with some job performance needs

Frequency/Dose/Duration: Per manufacturer's recommendations

Indications for Discontinuation: Resolution, intolerance, adverse effects, or lack of benefits.

Rationale: There are no quality studies of treating chronic persistent pain with topical NSAIDs. The target tissue for most, but not all chronic persistent pain with an occupational basis is generally too deep for justification of use of topical NSAIDs. Topical NSAIDs are not invasive, have low adverse effects, are high cost for a typical treatment regimen, and are selectively recommended for treatment of conditions amenable to topical treatment who generally also have intolerance or other contraindication for oral NSAID use.

Evidence: There are high- and moderate-quality RCTs incorporated into this analysis. There are no quality studies evaluating topical NSAIDs for treatment of chronic persistent pain syndrome.

It has been brought to our attention that on occasion there has been some confusion in regards to prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating

physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

CC:

Kweller, Esq., Zachary: 08/11/2020

Castro, Mario: 08/11/2020 UR, Chubb: 08/12/2020

Kweller, Esq., Zachary: 08/13/2020

Castro, Mario : 08/13/2020 UR, Chubb : 08/13/2020

This visit note has been electronically signed off by Aikin, Jessica, PA-C on 08/07/2020

UR Check off List

ADJ RCVD:

08/11/2020

5 DAY DUE DATE:

08/18/2020

UR RCVD:

08/14/2020

CLAIM #:

040519008736

CLAIMANT:

Jonathan Shockley

CorVel #:

139249073-UMO-26

CM ASSIGNED

Ann Collier

Processor:

Amy DiPillo

Review Type:

Prospective

QA Reviewer:

Jimmy Tran

Category:

IMR

Jurisdiction:

California

WCIS#:

2019022115295475087374

Date of Injury:

02/15/2019

MEDICATION								
Determination	Type of Medication	Name of Medication	Dosage	# of Refills	Brand Name	Facility	Provider	Notes
Requested		Lidocaine 5% Ointment	#60		No			PLEASE DETERMINE IF A DEFERRAL LETTER IS NEEDED BASED ON ACCEPTED BODY PARTS.
Requested		Voltaren 1%Gel	#1		No			PLEASE DETERMINE IF A DEFERRAL LETTER IS NEEDED BASED ON ACCEPTED BODY PARTS.

EMPLOYEE:

Jonathan Shockley

EMPLOYER:

Biotelemetry, Inc.

Employee Address:

1000 Sutter St.

San Francisco, CA 94109

Social Security Number:

217-25-7160

Date of Birth:

09/27/1978

INSURER/CARRIER:

Chubb & Son (WC) - Los Angeles, CA / Chubb & Son (WC) - Los Angeles, CA /

Adjuster Address:

PO Box 30850,

Los Angeles, CA 90030

Adjuster:

Mario Castro

Adjuster Phone:

(213) 612-0880

Adjuster Email:

Mario.Castro@Chubb.com

Adjuster Fax:

PROVIDER:

Babak Jamasbi, MD

Provider Address:

1335 Stanford Ave.

Emeryville, CA 94608

Provider Ph / Fax:

(510) 647-5101 / (510) 847-5105

PLANTIFF ATTORNEY:

Farber & Co

Attorney Address:

333 Hegenberger Road #504

Oakland CA 94621

DEFENSE ATTORNEY:

Christian Charles Colantoni

Attorney Address:

201 Spear Street, Ste. 1100

San Francisco CA 94105

CASE MANAGER:

Hulbert, Barbara

Email address:

bhulbert@chubb.com

Does this file present an organizational conflict of interest? YES/NO If yes, return file to your supervisor for re-assignment

From:

Rodriguez, Crystal

Subject:

GM-ORCA-UR Referrals

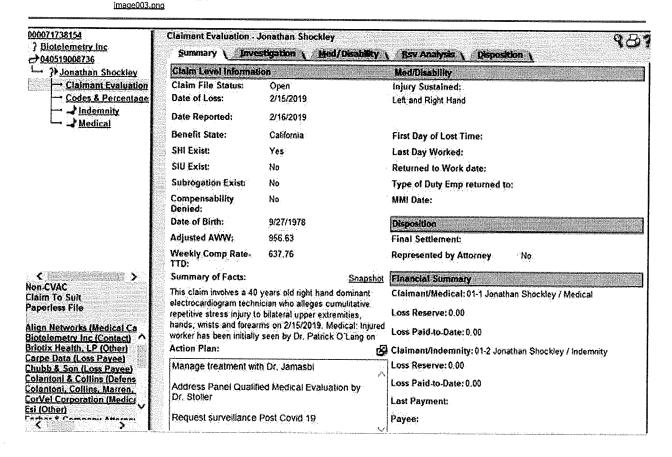
Date:

FW: DUE 8.18 RFA Medication / 040519008736 Jonathan Shockley

Monday, August 17, 2020 11:40:56 AM

Attachments:

200811162744596137.pdf



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<u>Summary \ Investigation \ Med/Disability</u>	y \ Rsv Analysis \ Disposition \	
njury Sustained:	☑ Defense IME:	4
Left and Right Hand	Christian Charles Colantoni Colantoni, Collins, Marren, Phillips and Tull 201 Spear Street Suite 1100	k 3
☐ Employee taken to Emergency Room within 2	4 hrs of injury	
Other medical treatment within 24 hours		
	Claimant IME:	B
mpairment Disability %: 0.00 mpairment % Basis Code: <none></none>	Farber & Co 333 Hegenberger Road, Suite 504 Oakland, CA 94621 510-444-2512	ŷ
Surgery?	Represented By No V	
Permanency:	🔁 Disability Analysis:	B
	^	^
	Ex Pay: Active • Inactive	St.
Medical Status:		12 *
Hand Center of San Francisco Patrick O Lang MD 601 Van Ness Ave. Ste. 2018 San Francisco, CA 94102		
Co-Morbidity Factors: *None	•	NC/TCM Savings
Return to Work		11 11 11 11 11 11 11 11 11 11 11 11 11

Crystal Rodriguez | Administrative Assistant

CorVel Corporation | Santa Ana

T 909 257-3724 | F 866 9 10-4430

Crvstal Rodriguez@CorVel.com www.Corvel.com

For status or questions about a referral email <u>urstatus@corvel.com</u>

From: GM-ORCA-Chubb UR <GM-ORCA-Chubb_UR@CORVEL.com>

Sent: Friday, August 14, 2020 2:47 PM

To: GM-ORCA-Chubb UR <GM-ORCA-Chubb_UR@CORVEL.com> **Subject:** DUE 8.18 RFA Medication / 040519008736 Jonathan Shockley

Reference Number: UMR-26253012

From: Ventura, Maria < Maria. Ventura 2@Chubb.com>

Sent: Thursday, August 13, 2020 3:18 PM

To: GM-ORCA-Chubb UR < <u>GM-ORCA-Chubb_UR@CORVEL.com</u>> **Subject:** DUE 8.18 RFA Medication / 040519008736 Jonathan Shockley

WARNING: This email originated from someone outside Corvel, Ceris or Symbeo. DO NOT click links or open

attachments unless you recognize the sender's email address and know the content is safe.

The original sender of this email is: Maria. Ventura 2@Chubb.com

From: Yashinski, Louis <Louis.Yashinski@Chubb.com>

Sent: Thursday, August 13, 2020 10:54 AM

To: Laourclaimfax Admin < laourclaimfax@chubb.com>
Cc: TPA Claims Docs < TPAclaimsdocs@Chubb.com>

Subject: 040519008736 Jonathan Shockley

Western Claims Service Center

P.O. Box 42065, Phoenix, AZ 85080-2070 O 800-252-4670 F 800-664-1765

E uscasualtyclaims@chubb.com

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State of California, Division of Workers' Compensation REQUEST FOR AUTHORIZATION DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

		oyee faces an imminent	and seric	Resubmission – Cous threat to his or h		erial Facts
Employee Information	White the second of the second	rmation of a prior oral rec	uest.			
Name (Last, First, Mide	and the second s					
Date of Injury (MM/DD			Date	of Birth (MM/DD/YY	YY): 09/27/19	978
Claim Number: 040519			Emple	yer: Biotelemetry,	Inc	
Requesting Physician	The state of the s		1 - 1 - 1 - 1		to any or the second second	
Name: Dr. Jamasbi, B		acure estado	ALEBA CENTRALISTA			
Practice Name; PRCM			Contac	t Name:Christian (3.	
Address: 1335 Stanfor			City: I	Emeryville		State: CA
Zip Code: 94608		10-647-5101 ext 471		lumber: 510-647-51	05	
Specialty: Pain Manag		IO-O-17-OTOT EXE-77 I		lumber: 137663719		
E-mail Address:						
Claims Administrator	Unformation:		nar Verena	CE VEN EN PROPRIO EN PROLETÍ SU POR CE	ektronik or proposit treds	askatuutus araktus võusia kai
Company Name:Chub	b Son of Federa	l Ins Company	Conta	ict Name: <mark>Castro, I</mark>	/lario	
Address: P.O. Box 42	065		City: I	Phoenix		State:AZ
Zip Code: 85080	Phone: 2	13-612-5378	Fax N	lumber: 800-664-17	65	
E-mail Address:						
Requested Treatmen	t (see Instruction	is for guldance; attach	ed addit	ional pages if nece	issary)****	
of the attached medica	al report on which	vices, goods, or items in the requested treatment set if the space below is	can be	found, Up to five (5	e the specific) procedures	may be entered;
Diagnosis (Required)	ICD-Code (Required)	Service/Good Reque (Required)	ested	CPT/HCPCS Code (If known)	(Freque	Information: ency, Duration antity, etc.)
radiculopathy,	G56.20	1 Lidocaine 5% Ointm SIG: Apply 2-3 grams affected area up to 4 t daily QTY: 60.00 2 Voltaren 1% Gel SIC to affected area daily 1.00	to imes 5: Apply			

Received 12/28/2020 Pacific Workers'

1	1	1		Pacific workers
upper limb				
		Date of Visit: Aug 07, 2020		
Treatment to be paid under the	he CA OMFS.			1
Peer to Peer calls: Mon-Fri		ease call (510) 647-5101 x0		
				Date: 08/11/2020 at 01:14 PM(PT)
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Requesting Physician	Signature:			
, Glaims Administrator	/Utilization Revi	ew Organization (URO) Re-	sponse	nacioni ante del proposito del
☐ Approved ☐ Den ☐ Requested treatme	ed or Modified (S nt has been previ	ee separate decision letter) ously denied □ Liability for	□ Delay (See sep.	arate potification of delay)
Authorization Number	(if assigned):		Date:	
Authorized Agent Nam	e:		Signature:	
Phone:	Fax Nu	mber:	E-mail Address:	
Comments:			1	

DWC Form RFA (Effective 2/2014)

Page 1

CC:

UR Department (if applicable):213-612-5785 Applicant Attorney (if applicable):Zachary Kweller, Esq. 866-819-6169



Babak Jamasbi, MD | Brendan Morley, MD
Timothy Lo, MD | Arzhang Zereshki, MD | Neil Kamdar, MD | John Alchemy, MD

1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

Visit Note

Provider:

Supervising: Babak J, Jamasbi, M.D. Performing: Jessica Aikin, PA-C

Encounter Date: Aug 07, 2020

Patient: Shockley, Jonathan (PT00023609)

Sex: Male

DOB: Sep 27, 1978 Age: 41 Year Race: Unreported/Refused to Report

Address: 1000 Sutter St Room 123, San Francisco CA 94109 Pref. Phone(H):

415-312-4029

Primary Dr.: Babak Jamasbi, M.D.

Referred By: Babak Jamasbi, M.D.

Injury Date: 02/15/2019 Employer: Biotelemetry, Inc

Case Insurance: Chubb Son of Federal Ins Company

Claim No.: 040519008736

VISIT TYPE:

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:

Mr. Shockley was not physically able to come into the office today due to compliance with the current National Emergency guidelines for the COVID-19 pandemic; therefore, a telemedicine follow-up visit was done today. The nature of telehealth consultation was discussed with the patient, including the risks, benefits and alternatives. The patient had opportunity to ask questions about the information and those questions were answered. The patient verbalized understanding and agreed to this telehealth consultation.

SUBJECTIVE COMPLAINTS:

Patient is here to follow up on pain in his arms and bilateral hands.

Patient denies acute changes to his pain today. continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists up to his clows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". He reports pain in his neck as well as numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment.

The patient did see Dr. Leonard Gordon on July 22, 2020, regarding ulnar mononeuropathy at the bilateral elbows as seen on most recent EMG. Per the patient, Dr. gordon feels that this may have been a misdiagnosis and he did not recommend surgery.

Our request for 12 additional sessions of acupuncture treatment has been denied, according to the patient. We do not yet have this denial letter, but will review when made available so that we can appeal. As previously discussed with acupuncture treatment, he reports a reduction in his pain complaints from a 4-5/10 to a 2-3/10, constituting a 10-20% reduction in his pain complaints for 2-3 days. His pain is made worse with massage therapy.

With regard to medication, he continues with Lidocaine cream and voltaren gel as topical medications. He denies side effects with his medications. He does request for refills today.

OBJECTIVE FINDINGS:

Mental Status: The patient is awake, alert and fully oriented with normal speech and language. Appropriately conversant, pleasant, cooperates with exam.

Spine:

Upright spinal posture

Motor:

Patient is able to stand up from a chair unassisted.

Gait is narrow based and steady.

UE/LE muscle strength:

Bilateral upper and lower extremity strength appear intact on non-confrontational movement exam, without evidence for foot drop or other observable weakness. Normal bulk and tone. No atrophy noted.

Current Medications:

- 1. Lidocaine 5% Ointment Apply 2-3 grams to affected area up to 4 times daily
- 2. Voltaren 1% Gel Apply to affected area daily
- 3. Advil (OTC)
- 4. Aspirin Ec 81 Mg Tablet (OTC)

FORMAL REQUEST FOR AUTHORIZATION:

Surgical Consult (99205) Neck.

Trigger point injections to be done in office for the bilateral trapezius musculature.

This is a formal request for authorization of the medications within the "prescriptions" section of this note.

DIAGNOSIS:

M50.10	Cervical disc disorder with radiculopathy, unspecified cervical region
M70.821	Other soft tissue disorders related to use, overuse and pressure, right upper arm
M70.822	Other soft tissue disorders related to use, overuse and pressure, left upper arm
M70.831	Other soft tissue disorders related to use, overuse and pressure, right forearm
G56.20	Lesion of ulnar nerve, unspecified upper limb

PRESCRIPTION:

Refill Added:

- 1 Lidocaine 5% Ointment SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 60.00
- 2 Voltaren 1% Gel SIG: Apply to affected area daily QTY: 1.00.

TREATMENT PLAN:

Assessment:

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hands. Massage therapy exacerbated his pain. He is not currently working.

The patient did have a QME with Dr. Stoller on 1/23/20. Per Dr. Stoller, the patient is not yet MMI. He recommends an upper extremity EMG to asses his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy. Cervical MRI was completed on 4/3/20 and is reviewed below, EMG was completed on 2/10/20 with Dr. Neeti Bathia, this shows demyelinating ulnar mononeuropathy bilaterally across the elbows, no evidence of median, radial, or cervical radiculopathy on either side.

Plan:

- With regard to the bilateral elbows, he was approved for a surgical consult to address bilateral ulnar neuropathy and did see Dr. Leonard Gordon on 7/22/20. Per the patient, he is not being recommended for surgery. We will request for Dr. Gordon's report.
- The patient has a QME re-evaluation with Dr. Stoller, which has now been postponed until January 2021.
- Per the patient, our recent request for 12 additional sessions of acupuncture has been denied.

We will appeal this based on functional improvement as discussed above.

- With regard to the cervical spine, MRI of the cervical spine from 4/3/20 shows a 4mm left disc osteophyte at C5-C6 causing severe bilateral neural foraminal stenosis as well as a left paracentral disc protrusion at C6-C7, mild central stenosis from C5-C7. Severe bilateral neural foraminal stenosis at C5-C6 may be contributing to right shoulder and deltoid pain. We discussed CESI, the patient defers injections. Our request for surgical consultation with Dr. Paul Slosar was deferred on the basis that his insurance is disputing liability for the body parts of the neck and the bilateral upper arms. We will re-request for surgical consultation for the neck today as this was included in his QME.
- We will request for TPI in the bilateral trapezius region.
- We did discuss his work restrictions today. He has significant pain in his arms with extended periods of typing and computer work, therefore we have updated his work restrictions to reflect this today.
- With regard to medications, Voltaren gel and Lidocaine ointment refilled today.

Follow up in 4-6 weeks.

WORK STATUS:

WORK STATUS: The patient is not permanent and stationary.

Work restrictions:

- Repetitive activities using upper extremities limited to 1 hour in an 8 hour shift.
- Light computer work for up to an hour for an 8 hour shift.
- -No lifting, pushing, or pulling greater than 5 pounds

TIME SPENT:

Greater than 50% of the visit was spent in counseling and coordination of care. As such, time spent with the patient should be the guiding determinant in determining the level of evaluation and management services. 15 minutes were spent in direct face to face time with the patient. "I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

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Indications: Chronic persistent pain in a superficial area that is amenable to a topical agent. Should generally have intolerance of, or another indication against oral NSAID use.

Benefits: Improvement in pain and function. Avoidance of gastrointestinal adverse effects of some NSAIDs.

Harms: Irritation, allergy, having to use on skin that may interfere with some job performance needs

Frequency/Dose/Duration: Per manufacturer's recommendations

Indications for Discontinuation: Resolution, intolerance, adverse effects, or lack of benefits.

Rationale: There are no quality studies of treating chronic persistent pain with topical NSAIDs. The target tissue for most, but not all chronic persistent pain with an occupational basis is generally too deep for justification of use of topical NSAIDs. Topical NSAIDs are not invasive, have low adverse effects, are high cost for a typical treatment regimen, and are selectively recommended for treatment of conditions amenable to topical treatment who generally also have intolerance or other contraindication for oral NSAID use.

Evidence: There are high- and moderate-quality RCTs incorporated into this analysis. There are no quality studies evaluating topical NSAIDs for treatment of chronic persistent pain syndrome.

It has been brought to our attention that on occasion there has been some confusion in regards to prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating

physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

CC:

Kweller, Esq., Zachary: 08/11/2020

Castro, Mario: 08/11/2020

This visit note has been electronically signed off by Aikin, Jessica, PA-C on 08/07/2020

UR Check off List

ADJ RCVD:

07/14/2020

5 DAY DUE DATE:

07/21/2020

UR RCVD:

07/17/2020

CLAIM #:

040519008736

CLAIMANT:

Jonathan Shockley

CorVel #:

139249073-UMO-25

CM ASSIGNED

Ann Collier

Processor:

Amy DiPillo

Review Type:

Prospective

QA Reviewer:

Jimmy Tran

Category:

IMR

Jurisdiction:

California

WCIS#:

2019022115295475087374

Date of Injury:

02/15/2019

THERAPY									7,000
Determination	Type of Therapy	Total # Visits	Total Visits/ Week	Total Weeks	Body Part	CPT	Facility	Provider	Notes
Requested	Acupuncture	12	0	0	Hand, Lower Arm, Wrist	97813, 97814, 97026, 97124			

EMPLOYEE:

Jonathan Shockley

EMPLOYER:

Biotelemetry, Inc.

Employee Address:

1000 Sutter St.

San Francisco, CA 94109

Social Security Number:

217-25-7160

Date of Birth:

09/27/1978

INSURER/CARRIER:

Chubb & Son (WC) - Los Angeles, CA / Chubb & Son (WC) - Los Angeles, CA /

Adjuster Address:

PO Box 30850,

Los Angeles,CA 90030

Adjuster:

Mario Castro

Adjuster Phone:

(213) 612-0880

Adjuster Email:

Mario.Castro@Chubb.com

Adjuster Fax:

PROVIDER:

Babak Jamasbi, MD

Provider Address:

1335 Stanford Ave.

Emeryville, CA 94608

Provider Ph / Fax:

(510) 647-5101 / (510) 847-5105

PLANTIFF ATTORNEY:

Farber & Co

Attorney Address:

333 Hegenberger Road #504

Oakland CA 94621

DEFENSE ATTORNEY:

Christian Charles Colantoni

Attorney Address:

201 Spear Street, Ste. 1100

San Francisco CA 94105

CASE MANAGER:

Hulbert, Barbara

Email address:

bhulbert@chubb.com

Does this file present an organizational conflict of interest? YES/NO If yes, return file to your supervisor for re-assignment

From:

Nguyen, Samantha

To: Subject: **GM-ORCA-UR Referrals**

Date:

FW: DUE 7.21 RFA Therapy / 040519008736 Jonathan Shockley

Attachments:

Monday, July 20, 2020 9:08:30 AM

200714101224566022.pdf

Shockley, Jonathan chubb 7,20,2021,pdf

Reference Number: UMR-26136370

From: Ventura, Maria < Maria. Ventura 2@Chubb.com >

Sent: Tuesday, July 14, 2020 12:19 PM

To: GM-ORCA-Chubb UR < GM-ORCA-Chubb UR@CORVEL.com> Subject: DUE 7.21 RFA Therapy / 040519008736 Jonathan Shockley

WARNING: This email originated from someone outside Corvel, Ceris or Symbeo. DO NOT click links or open attachments unless you recognize the sender's email address and know the content is safe.

The original sender of this email is: Maria.Ventura2@Chubb.com

From: Fax2Mail < fax-1841185@reply.fax2mail.com>

Sent: Tuesday, July 14, 2020 7:13 AM

To: Laourclaimfax Admin < laourclaimfax@chubb.com>

Subject: 040519008736 Jonathan Shockley

You have received a document.

Sender's Name:

bgenova

Sender's Caller ID: 18889772986

Date/Time:

July 14, 2020 10:12:43 AM EDT

Number of Pages: 11

From bgenova 18869772986 7/14/2020 07:04:23 PDT Page 01:07:11

State of California, Division of Workers' Componsation REQUEST FOR AUTHORIZATION DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

■ New Request □ Expedited Review: C			t and send		ange in Material Facts er health
☐ Check box if request			equest	TAN TOWNS FOR WAY OF THE BOOK OF THE	anger grown armanya region allegation della section and the section of the sectio
Employes Information			******	apapapapapapapan	tana tahun pala dan dan salah salah salah
Name (Last, First, Midd	lle): Shockley, Jo	onathan			**************************************
Date of injury (MM/DD/	YYYY): 02/15/201	9		of Birth (MM/DD/YY)	
Claim Number: 040519			Empl	oyer: Biotelemetry, I	nc
Requesting Physician	Information	a paragraphic de la participa de la companya de la	منت بالمناور	3-1-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Control Control
Name: Dr. Jamasbi, Br	abak J,				
Practice Name: PRCM0	G ^{er}		Contac	d Name: Bembem C	12.
Address: 1335 Stanfon			AND PERSONS AND ADDRESS.	Emeryville	State: CA
Zip Code: 94608	Phone: 51	10-647-5101 x133	Fax N	Jumber: 510-847-510)5 or 510-540-6965
Specialty: Pain Manage	ement		NPIN	Number: 1376637199)
E-mail Address:					
Claims Administrator	Information *****	in a company of the contract o	(ingerena	en esta en esta e un interescione	
Company Name:Chubb	Son of Federa	I Ins Company	Contr	act Name:Castro, Mi	rio
Address: P.O. Box 420	065		City;	Phoenix	State:AZ
Zip Code: 85080	Phone: 2*	13-612-5378	Fax	lumber: 800-664-17(35
E-mail Address:				. 1.33	
Requested Treatment	(see instruction	s for guidance; attac	red addit	ional pages if nece	ssary)
of the attached medical list additional requests	I report on which	the requested treatmen	nt can be s insufficie	found. Up to five (5)	the specific page number(s procedures may be entered Other Information:
(Required)	(Required)	(Required)		Code (If known)	(Frequency, Duration Quantity, etc.)
Cervical disc disorder with a radicule pathy, unspecified in cervical region 20 other soft tissue disorders related to use, overuse and pressure, right upper arm Other soft tissue disorders related to use, overuse and pressure, lett upper sum other soft tissue disorders related to use, overuse and pressure, lett upper sum of the soft tissue disorders related to use, overuse and pressure, right forearm testion of ulnar nerve, unspecified upper limb	и70.822, M70.821, 279.899, M50.10,	12 sessions of Acupui the bilateral hands, we forearms		97813, 97814, 97026, 97124	
'				1	

This email (including any attachments) is intended for the designated recipient(s) only, and may be confidential, non-public, proprietary, and/or protected by the attorney-client or other privilege. Unauthorized reading, distribution, copying or other use of this communication is prohibited and may be unlawful. Receipt by anyone other than the intended recipient(s) should not be deemed a waiver of any privilege or protection. If you are not the intended recipient or if you believe that you have received this email in error, please notify the sender immediately and delete all copies from your computer system without reading, saving, printing, forwarding or using it in any manner. Although it has been checked for viruses and other malicious software ("malware"), we do not warrant, represent or guarantee in any way that this communication is free of malware or potentially damaging defects. All liability for any actual or alleged loss, damage, or injury arising out of or resulting in any way from the receipt, opening or use of this email is expressly disclaimed.

SENIOR CLAIM SPECIALIST, Available - Video Capable

ේටී 2 Participants

ope/lync will be replaced by MS Teams by the end of Q3 2020. Begin using MS Teams for chat and file collaboration today.

8:59 AM

londay, July 20, 2020

Hi Mario, On Jonathan Shockley/040519008736 request received on 7/14/2020 for Acupuncture x12 for the bilateral hands, wrists and forearms. Please advise if we should include Bilateral wrist and forearms in our review or send a deferral letter? Thank You



review for it

Thanks

Last message received on 07/20/2020 at 9:04 AM.

<u>0000071738154</u>	Claimant Evaluation - Jonathan Shockley	onathan Shockley	
Biotelemetry Inc	Summary (Inve	Investigation \ Med/Disability \	Rsv Analysis Disposition
C7 04031 Swort 30 Jonathan Shockley	Claim Level Information	uo	Med/Disability
- Claimant Evaluation	Claim File Status:	Open	Injury Sustained:
- Codes & Percentage	Date of Loss:	2/15/2019	Left and Right Hand
Indemnity	Date Reported:	2/16/2019	
Medical	Benefit State:	California	First Day of Lost Time:
	SHI Exist:	Yes	Last Day Worked:
	SIU Exist:	No	Returned to Work date:
	Subrogation Exist:	. ON	Type of Duty Emp returned to:
	Compensability Denied:	No.	MMI Date:
	Date of Birth:	9/27/1978	Disposition
	Adjusted AWW:	956,63 USD	Final Settlement:
C VAC	Weekly Comp Rate-	637.76 USD	Represented by Attorney No
Claim To Suit	Summary of Facts:	Snapshot	Financial Summary
Paperless File	This claim involves a 40		Claimant/Medical: 01-1 Jonathan Shockley / Medical
Align Networks (Medical Ca Biotelemetry Inc (Contact)	electrocardiogram technicia repetitive stress injury to bil	n who alleges cumulitative ateral upper extremities,	Loss Reserve: 56,709.00 USD
Briotix Health, LP (Other) Carpe Data (Loss Payee)	hands, wrists and forearms worker has been initially se	on 2/15/2019. Medical: Injured en by Dr. Patrick O'Lang on	Loss Paid-to-Date: 12,532.00 USD
Chubb & Son (Loss Payee) Colantoni & Collins (Defens	Action Plan:		Claimant/Indemnity: 01-2 Jonathan Shockley / Indemnity
Colantoni, Collins, Marren.	Manage treatment with Dr. Jamasbi		Loss Reserve: 75,803,00 USD
	Pay out retro benefit	Pay out retro benefits and manage ongoing new	Loss Paid-to-Date: 33,176.89 USD
			?00 rs'

Claimant Evaluation - Jonathan Shockley		T O
Summary \ Investigation \ Med/Disability	Med/Disability \ Rsv Analysis \ Disposition \)
Injury Sustained:	Defense IME:	4
Leff and Right Hand	Christian Charles Colantoni Colantoni, Collins, Marren, Phillips and Tulk 201 Spear Street Suite 1100	< >
☐ Employee taken to Emergency Room within 24 hrs of injury	s of injury	
☐ Other medical treatment within 24 hours		
Ovrd Inj Grp: <none></none>	Claimant IME:	图
Impairment Disability %: 0.00	Farber & Co	
Impairment % Basis Code: <none></none>	Oakland, CA 94621	
	510-444-2512	

State of California, Division of Workers' Compensation REQUEST FOR AUTHORIZATION DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

Check box if request is a written confirmation of a prior oral request.			oyee faces an imminent ar	nd seric	l Resubmission – C ous threat to his or h	_	erial Facts
Date of Injury (MM/DD/YYYY): 02/15/2019 Claim Number: 040519008736 Employer: Biotelemetry, Inc Requesting Physician; Information. Name: Dr. Jamashi, Babak J. Practice Name: PRCMG Address: 335 Stanford Ave City: Emeryville State: CA Zip Code: 94608 Phone: 510-647-5101 x133 Fax Number: 510-647-5105 or 510-540-6965 Specially: Pain Management F-mall Address: Claims Administrator information Company Name: Chubb Son of Federal Ins Company Contact Name: Castro, Mario Company Name: Chubb Son of Federal Ins Company Contact Name: Castro, Mario Company Name: Chubb Son of Federal Ins Company Contact Name: Castro, Mario Company Name: Chubb Son of Federal Ins Company Contact Name: Castro, Mario Company Name: Chubb Son of Federal Ins Company Contact Name: Castro, Mario Company Name: Chubb Son of Federal Ins Company Contact Name: Castro, Mario Clity: Phoenix State: AZ Zip Code: 85080 Phone: 213-612-5378 Fax Number: 800-664-1765 E-mail Address: Requested: I reatment (see instructions for guidance, attached; additional pages): necessary List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separale sheet if the space below is insufficient. Diagnosis (CD-Code (Required) Cervical disc disorder with M70.322, M70.321, 773.899, M50.10, Other Information: (Frequency, Duration Quantity, etc.) Cervical disc disorders related to use, overuse and pressure, light lores and pressure, light lores and pressure, light lores with specific frequency of the page of t	. Para da de la composição de la composi	THE PLANT OF THE PARTY OF THE P	AND THE PROPERTY OF THE PROPER	****			
Date of Injury (MM/DD/YYYY): 02/15/2019 Claim Number: 040519008736 Employer: Biotelemetry, Inc Requesting Physician; Information. Name: Dr. Jamashi, Bahak J. Practice Name: PRCMG Address: 1335 Stanford Ave City: Emeryville State: CA Zip Code: 94608 Phone: 510-647-5101 x133 Fax Number: 510-647-5105 or 510-540-6965 Specialty: Pain Management F-mail Address: Clains Administrator, Information. Company Name: Chubb Son of Federal Ins Company Contact Name: Castro, Mario Company Name: Chubb Son of Federal Ins Company Contact Name: Castro, Mario Company Name: Chubb Son of Federal Ins Company Contact Name: Castro, Mario Address: P.O. Box 42065 City: Phoenix State: AZ Zip Code: 85080 Phone: 213-612-5378 Fax Number: 800-664-1765 E-mail Address: Requested J reatment/isse: instructions/for guidance, attached/additional/pages/in-necessaryy List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separale sheet if the space below is insufficient. Diagnosis (CD-Code (Required) Cervical disc disorder with M70.332, M70.331, radiculopasty, unspecified for years and pressure, light person and pressure,	Name (Last, First, Mid	dle): Shockley, Jo	nathan				
Requesting Physician Information Name: Dr. Jamasbi, Babak J, Practice Name: PRCMG Address: 1335 Stanford Ave City: Emeryville State: CA Zip Code: 94608 Phone: 510-647-5101 x133 Fax Number: 510-647-5105 or 510-540-6965 Specialty: Pain Management NPI Number: 1376637199 E-mail Address: City: Pain Management Company Name: Chubb Son of Federal Ins Company Company Name: Chubb Son of Federal Ins Company Company Name: Chubb Son of Federal Ins Company Contact Name: Castro, Mario City: Phoenix State: AZ Zip Code: 85080 Phone: 213-612-5378 Fax Number: 800-684-1765 E-mail Address: Requested Ins Company Contact Name: Castro, Mario City: Phoenix State: AZ Zip Code: 85080 Phone: 213-612-5378 Fax Number: 800-684-1765 E-mail Address: Requested Ins Company Contact Name: Castro, Mario City: Phoenix State: AZ Zip Code: 85080 Phone: 213-612-5378 Fax Number: 800-684-1765 E-mail Address: Requested Ins Company Contact Name: Castro, Mario City: Phoenix State: AZ Zip Code: 85080 Phone: 213-612-5378 Fax Number: 800-684-1765 E-mail Address: Requested Instance				Date	of Birth (MM/DD/YY	YY): 09/27/1 9	78
Name: Dr. Jamasbi, Babak J, Practice Name: PREMG	Claim Number: 04051	9008736		Emplo	oyer: Biotelemetry,	Inc	
Practice Name: PRCMG Address: 1335 Stanford Ave Zip Code: 94608 Phone: 510-647-5101 x133 Fax Number: 510-647-5105 or 510-540-6965 Specialty: Pain Management E-mail Address: Claims: Administrator Information Company Name: Chubb Son of Federal Ins Company Address: P.O. Box 42065 Zip Code: 85080 Phone: 213-612-5378 Fax Number: 800-684-1765 E-mail Address: Rèquested: Ireatment (see instructions for; guidance: attached; additional)pages: tinecessary) List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient. Diagnosis (Required) (Required) (Required) (Required) (Required) Cervical disc disorder with M70.322, M70.321, radioulopathy, unspecified M70.322, M70.321, m70.322, M70.321, radioulopathy, unspecified M70.322, M70.321, radioulopathy, uns	Requesting Physicial	n Information	ing variation in the comment of the	ugas ne was wa		and a second second	
Address: 1335 Stanford Ave	Name: Dr. Jamasbi, E	Babak J,					
Zip Code: 94608 Phone: 510-647-5101 x133 Fax Number: 510-647-5105 or 510-540-6965 Specially: Pain Management NPI Number: 1376637199 E-mail Address: Claims Administrator Information Company Name: Chubb Son of Federal Ins Company Contact Name: Castro, Mario Address: Zip Code: 85080 Phone: 213-612-5378 Fax Number: 800-664-1765 E-mail Address: Requiested: Treatment (see instructions for guidance: attached: additional pages if necessary) List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient. Diagnosis (Required) Cervical disc disorder with M70.821, M70.821, M70.821, radiculopathy, unspecified (Required) Cervical region Cother soft tissue disorders related to use, overuse and pressure, right upper arm and pressure, right upper arm and pressure, right to company and pressure, right upper arm and pressure, right upper arm (see in other soft tissue disorders related to use, overuse and pressure, right upper arm (see in other soft tissue disorders related to use, overuse and pressure, right upper limb	Practice Name: PRCM	IG		Contac	t Name: Bembem (G.	
Specialty: Pain Management E-mail Address: IClaims Administrator Information. Company Name: Chubb Son of Federal Ins Company Address: P.O. Box 42065 City: Phoenix State: AZ Zip Code: 85080 Phone: 213-612-5378 Fax Number: 800-664-1765 E-mail Address: Requested. Freatment (see instructions for guidance, attached additional pages) if necessary). List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient. Diagnosis (Required) Cervical disc disorder with M70.832, M70.831, radiculopathy, unspecified with M70.832, M70.831, revical region Z79.899, M50.10, S56.20 Tother soft tissue disorders related to use, overuse and pressure, right upper arm (see in a control of the soft tissue disorders related to use, overuse and pressure, right upper arm (see in a control of the soft tissue disorders related to use, overuse and pressure, right upper arm (see in a control of the soft tissue disorders related to use, overuse and pressure, right upper arm (see in a control of the soft tissue disorders related to use, overuse and pressure, right upper arm (see in a control of the soft tissue disorders related to use, overuse and pressure, right upper arm (see in a control of the soft tissue disorders related to use, overuse and pressure, right upper arm (see in a control of the soft tissue disorders related to use, overuse and pressure, right upper arm (see in a control of the soft tissue disorders related to use, overuse and pressure, right upper arm (see in a control of the soft tissue disorders related to use, overuse and pressure, right upper arm (see in a control of the soft tiss	Address: 1335 Stanfo	rd Ave		City: I	Emeryville		State: CA
E-mail Address: Claims Administrator Information Company Name:Chubb Son of Federal Ins Company Contact Name:Castro, Mario Address: P.O. Box 42065 City: Phoenix State:AZ Zip Code: 85080 Phone: 213-612-5378 Fax Number: 800-664-1765 E-mail Address: Requested Treatment [see instructions for guidance: attached additional pages] Inecessary) List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient. Diagnosis (Required) Cervical disc disorder with M70.332, M70.831, radiculopathy, unspecified (Required) Cher soft tissue disorders related to use, overuse and pressure, right upper arm of the soft tissue disorders related to use, overuse and pressure, right upper arm and pressure, left upper arm of the soft tissue disorders related to use, overuse and pressure, right program arm of the soft tissue disorders related to use, overuse and pressure, right program arm of the soft tissue disorders related to use, overuse and pressure, right program arm of the soft tissue disorders related to use, overuse and pressure, right forearm Lesion of ulnar nerve, unspecified upper limb	Zip Code: 94608	Phone: 5 1	0-647-5101 x133	Fax N	lumber: 510-647-51	05 or 510-540	0-6965
Company Name: Chubb Son of Federal Ins Company Contact Name: Castro, Mario Address: P.O. Box 42065 City: Phoenix State: AZ Zip Code: 85080 Phone: 213-612-5378 Fax Number: 800-564-1765 E-mail Address: Requested: Treatment (see instructions for, guidance): attached: additional pages if: necessary). List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient. Diagnosis (Required) Cervical disc disorder with M70.832, M70.831, radiculopathy, unspecified (Required) Cher soft tissue disorders related to use, overuse and pressure, right upper arm of the soft tissue disorders related to use, overuse and pressure, left upper arm of the soft tissue disorders related to use, overuse and pressure, left upper arm of the soft tissue disorders related to use, overuse and pressure, left upper arm lesson of dunar nerve, unspecified upper limb Lesion of dunar nerve, unspecified upper limb	Specialty: Pain Manag	jement		NPIN	lumber: 137663719	9	
Company Name:Chubb Son of Federal Ins Company Contact Name:Castro, Mario Address: P.O. Box 42065 Zip Code: 85080 Phone: 213-612-5378 Fax Number: 800-664-1765 E-mail Address: Requested: Ireatment (see instructions for guidance attached additional pages if necessary): List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient. Diagnosis (Required) Corvical disc disorder with M70.832, M70.831, radiculopathy, unspecified (Required) Cervical disc disorder with M70.832, M70.831, other soft tissue disorders related to use, overuse and pressure, right upper arm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, left upper arm Chert soft tissue disorders related to use, overuse and pressure, left upper arm Chert soft tissue disorders related to use, overuse and pressure, left upper arm Chert soft tissue disorders related to use, overuse and pressure, left upper arm Chert soft tissue disorders related to use, overuse and pressure, left upper arm Chert soft tissue disorders related to use, overuse and pressure, left upper arm Chert soft tissue disorders related to use, overuse and pressure, left upper arm Chert soft tissue disorders related to use, overuse and pressure, left upper arm Chert soft tissue disorders related to use, overuse and pressure, left upper arm Chert soft tissue disorders related to use, overuse and pressure, left upper arm Chert soft tissue disorders related to use, overuse and pressure, left upper arm are contact to use, overuse and pressure, left upper arm are contact to use, overuse and pressure, left upper arm are contact to use over use and	E-mail Address:						
Address: P.O. Box 42065 Zip Code: 85080 Phone: 213-612-5378 Fax Number: 800-664-1765 E-mail Address: Requested Treatment (see instructions for guidance: attached additional pages if necessary). List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient. Diagnosis (Required) Cervical disc disorder with M70.832, M70.831, radiculopathy, unspecified (Required) Cervical region Zip.899, M50.10, Dither soft tissue disorders related to use, overuse and pressure, right upper arm Other soft tissue disorders related to use, overuse and pressure, right forearm Lesion of ulnar nerve, unspecified upper limb City: Phoemix Fax Number: 800-664-1765 Certification additional pages if, necessary) Other londing in the procedure smay be entered; list decided in the specific page number(s) of the spec	Claims Administrato	Information ****	ijus eikari gastus is gastus eikari turi e	entario salv	et gan konstantisensk sense sk	an arganistica	ener virialisti (inner manet)
Zip Code: 85080 Phone: 213-612-5378 Fax Number: 800-664-1765 E-mail Address: Requested Freatment (see instructions for guidance attached additional) pages if necessary) List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient. Diagnosis (Required) ICD-Code (Required) Cervical disc disorder with M70.832, M70.831, radiculopathy, unspecified M70.822, M70.821, Z79.899, M50.10, Cother soft itssue disorders related to use, overuse and pressure, left upper arm Other soft itssue disorders related to use, overuse and pressure, left upper arm Other soft itssue disorders related to use, overuse and pressure, left upper arm Other soft itssue disorders related to use, overuse and pressure, left upper arm Other soft itssue disorders related to use, overuse and pressure, left upper arm Lesion of ulnar nerve, unspecified upper limb	Company Name:Chub	b Son of Federa	l Ins Company	Conta	act Name: Castro, M	ario	
E-mail Address: Requested Treatment (see instructions for guidance: attached additional pages if necessary) List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient. Diagnosis (Required) CEPVINCPCS (Required) CICD-Code (Required) CICD-	Address: P.O. Box 42	2065		City: 1	Phoenix		State:AZ
Requested Freatment (see instructions) for guidance: attached additional pages if necessary) List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient. Diagnosis (Required) ICD-Code (Required) Service/Good Requested (Required) Other Information: (Frequency, Duration Quantity, etc.)	Zip Code: 85080	Phone: 21	3-612-5378	Fax N	lumber: 800-664-17	65	
List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested freatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient. Diagnosis (Required) ICD-Code (Required) Cervical disc disorder with IM70.832, M70.831, radiculopathy, unspecified IM70.822, M70.821, Z79.899, M50.10, Other soft tissue disorders related to use, overuse and pressure, right upper arm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, right forearm Lesion of ulnar nerve, unspecified upper limb							
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Treatment must be paid under the California OMES	radiculopathy, unspecified cervical region Other soft tissue disorders related to use, overuse and pressure, right upper arm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse arm Other soft tissue disorders related to use, overuse and pressure, right forearm Lesion of ulnar nerve,	M70.822, M70.821, Z79.899, M50.10, G56.20	the bilateral hands, wrist				
разманным имог по раш инмог то мателия мисс	Treatment must be paid un	nder the California O	MFS				

Peer to Peer calls: Mon-Friday:3:30pm -5pm PT. Please call (510) 647-5101 x0

Received 12/28/2020 Pacific Workers'

Requesting Physician	Bayl Mo	Date: 07/14/2020 at 06:59 AM(PT)			
Claims Administrate	or/Utilization Review Organization	URO) Response (18.182) (1.182) (1.182) (1.182) (1.182) (1.182) (1.182) (1.182) (1.182) (1.182) (1.182) (1.182)			
 □ Approved □ Denied or Modified (See separate decision letter) □ Delay (See separate notification of delay) □ Requested treatment has been previously denied □ Liability for treatment is disputed (See separate letter) 					
Authorization Number	r (if assigned):	Date:			
Authorized Agent Nar	ne:	Signature:			
Phone:	Fax Number:	E-mail Address:			
Comments:					

DWC Form RFA (Effective 2/2014)

Page 1

CC:

UR Department (if applicable):213-612-5785
Applicant Attorney (if applicable):Zachary Kweller, Esq. 866-819-6169
Nurse Case Manager (if applicable):



Babak Jamasbi, MD | Brendan Morley, MD
Timothy Lo, MD | Arzhang Zereshki, MD | Neil Kamdar, MD | John Alchemy, MD

1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

Visit Note

Provider:

Supervising: Babak J, Jamasbi, M.D. Performing: Jessica Aikin, PA-C

Encounter Date: Jul 10, 2020

Patient: Shockley, Jonathan (PT00023609)

Sex: Male

DOB: Sep 27, 1978 Age: 41 Year Race: Unreported/Refused to Report

Address: 1000 Sutter St Room 123, San Francisco CA 94109 Pref. Phone(H):

415-312-4029

Primary Dr.: Babak Jamasbi, M.D.

Referred By: Babak Jamashi, M.D.

Injury Date: 02/15/2019 Employer: Biotelemetry, Inc

Case Insurance: Chubb Son of Federal Ins Company

Claim No.: 040519008736

VISIT TYPE:

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:

Mr. Shockley was not physically able to come into the office today due to compliance with the current National Emergency guidelines for the COVID-19 pandemic; therefore, a telemedicine follow-up visit was done today. The nature of telehealth consultation was discussed with the patient, including the risks, benefits and alternatives. The patient had opportunity to ask questions about the information and those questions were answered. The patient verbalized understanding and agreed to this telehealth consultation.

SUBJECTIVE COMPLAINTS:

Patient is here to follow up on pain in his arms and bilateral hands.

Patient continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists up to his elbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". He reports pain in his neck as well as numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment.

He has been approved for a surgical consultation for the bilateral elbows with Dr. Leonard Gordon to discuss ulnar mononeuropathy at the bilateral elbows. This appointment is scheduled for July 22, 2020.

With acupuncture treatment, he reports a reduction in his pain complaints from a 4-5/10 to a 2-3/10, constituting a 10-20% reduction in his pain complaints for 2-3 days. He would like to continue with this treatment modality.

With regard to medication, he continues with Lidocaine cream and voltaren gel as topical medications. He denies side effects with his medications. He does request for refills today.

Medical History:

PAST MEDICAL HISTORY

- 1. Bronchitis 2 years ago.
- 2. Eczema.
- 3. He had an episode of epilepsy and took Tegretol at age 10 or 11.
- 4. History of anxiety. He was taking Hydroxyzine but now does not take medication and just meditates.

PAST SURGICAL HISTORY

- 1. Adenoidectomy in 1987.
- 2. Lasik surgery in 2000.
- 3. Sympathectomy in 2000.
- 4. Right big toe bone spur removal in 2000.
- 5. Right Achilles tendon debridement in 2002.
- 6. Right Achilles tendon debridement in 2003.

Social History:

PSYCH/SOCIAL HISTORY

The patient does not smoke cigarettes.

The patient does not drink alcoholic beverages.

The patient does not use illicit drugs.

The patient is not married.

The patient has a significant other.

The patient has no children.

Patient does not have a family history of childhood abuse.

Patient does not have a family history of sexual abuse.

Epworth Scale is 0. The patient goes to bed, falls asleep and wakes up at variable times. The patient feels he gets adequate rest.

OBJECTIVE FINDINGS:

Mental Status: The patient is awake, alert and fully oriented with normal speech and language. Appropriately conversant, pleasant, cooperates with exam.

Spine:

Upright spinal posture

Motor:

Patient is able to stand up from a chair unassisted.

Gait is narrow based and steady.

UE/LE muscle strength:

Bilateral upper and lower extremity strength appear intact on non-confrontational movement exam, without evidence for foot drop or other observable weakness. Normal bulk and tone. No atrophy noted.

Current Medications:

- 1. Lidocaine 5% Ointment Apply 2-3 grams to affected area up to 4 times daily
- 2. Voltaren 1% Gel Apply to affected area daily
- 3, Advil (OTC)
- 4. Aspirin Ec 81 Mg Tablet (OTC)

FORMAL REQUEST FOR AUTHORIZATION:

for bilateral hands, wrists, and forcarms.

12 sessions of acupuncture 97813, 97814, 97026, 97124.

This is a formal request for authorization of the medications within the "prescriptions" section of this note.

DIAGNOSIS:

M50.10	Cervical disc disorder with radiculopathy, unspecified cervical region
M70,821	Other soft tissue disorders related to use, overuse and pressure, right upper arm
M70.822	Other soft tissue disorders related to use, overuse and pressure, left upper arm
M70.831	Other soft tissue disorders related to use, overuse and pressure, right forearm
G56.20	Lesion of ulnar nerve, unspecified upper limb

PRESCRIPTION:

Refill Added:

1 Lidocaine 5% Ointment SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 60.00.

2 Voltaren 1% Gel SIG: Apply to affected area daily QTY: 1.00.

TREATMENT PLAN:

Assessment:

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hands. Massage therapy exacerbated his pain. He is not currently working.

The patient did have a QME with Dr. Stoller on 1/23/20. Per Dr. Stoller, the patient is not yet MMI. He recommends an upper extremity EMG to asses his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy. Cervical MRI was completed on 4/3/20 and is reviewed below, EMG was completed on 2/10/20 with Dr. Necti Bathia, this shows demyelinating ulnar mononeuropathy bilaterally across the elbows, no evidence of median, radial, or cervical radiculopathy on either side.

Plan:

- With regard to the bilateral elbows, he has been approved for a surgical consult to address bilateral ulnar neuropathy with Dr. Leonard Gordon. He is scheduled on 7/22/20.
- The patient has a QME re-evaluation with Dr. Stoller on August 20, 2020.
- The patient continues with acupuncture treatment at this time, with benefit. We will request for 12 additional sessions based on functional improvement as discussed above.
- With regard to the cervical spine, MRI of the cervical spine from 4/3/20 shows a 4mm left disc osteophyte at C5-C6 causing severe bilateral neural foraminal stenosis as well as a left paracentral disc protrusion at C6-C7, mild central stenosis from C5-C7. The severe bilateral neural foraminal stenosis at C5-C6 may be contributing to right shoulder and deltoid pain. We discussed the possibility of CESI, the patient defers injections. Our request for surgical consultation with Dr. Paul Slosar was deferred on the basis that his insurance is disputing liability for the body parts of the neck and the bilateral upper arms. He will continue to discuss this with his attorney.
- With regard to medications, Voltaren gel and Lidocaine ointment refilled today.

Follow up in 4-6 weeks.

WORK STATUS:

WORK STATUS: The patient is not permanent and stationary.

Work restrictions: Repetitive activities using upper extremities limited to 1 hour in an 8-hour shift. No lifting, pushing, or pulling greater than 5 pounds

TIME SPENT:

Greater than 50% of the visit was spent in counseling and coordination of care. As such, time spent with the patient should be the guiding determinant in determining the level of evaluation and management services. 15 minutes were spent in direct face to face time with the patient. "I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend of accounts or other consideration, whether in the form of money or otherwise, or compensation or inducement for any referred evaluation or examination."

Please consider the treatment plan as a formal request for preauthorization services described therein. In the event that the written denial, authorization or notice of delay is not received by our office within 7 business days with a description of the review by a qualified physician with training in pain management and/or physical medicine and rehabilitation expertise (as per the dictates of the California Code of Regulation 9792.6) we will assume de facto authorization.

If prior pre-authorization has been requested in an earlier report or therapeutic plan, please consider the date of the prior request as applicable for the purposes of the formal date of request. *Dr. Morley and Dr. Jamasbi hold a financial interest in Bay Surgery Center. The Northern California Functional Restoration Program is an integral part of Pain and Rehabilitative Consultants Medical Group.

JUSTIFICATION:

Diclofenac cream: The following has been recommended regarding Diclofenac in the MTUS/ACOEM guidelines

Topical NSAIDs for Chronic Persistent Pain Where Target Tissue Superficially Located Recommended.

Topical NSAIDs are selectively recommended for treatment of chronic persistent pain where target tissue is superficially located.

Strength of Evidence - Recommended, Insufficient Evidence (I)

Level of Confidence - Low

Indications: Chronic persistent pain in a superficial area that is amenable to a topical agent. Should generally have intolerance of, or another indication against oral NSAID use.

Benefits: Improvement in pain and function. Avoidance of gastrointestinal adverse effects of some NSAIDs.

Harms: Irritation, allergy, having to use on skin that may interfere with some job performance needs

Frequency/Dose/Duration: Per manufacturer's recommendations

Indications for Discontinuation: Resolution, intolerance, adverse effects, or lack of benefits.

Rationale: There are no quality studies of treating chronic persistent pain with topical NSAIDs. The target tissue for most, but not all chronic persistent pain with an occupational basis is generally too deep for justification of use of topical NSAIDs. Topical NSAIDs are not invasive, have low adverse effects, are high cost for a typical treatment regimen, and are selectively recommended for treatment of conditions amenable to topical treatment who generally also have intolerance or other contraindication for oral NSAID use.

Lidocaine cream: The following has been recommended regarding Lidocaine in the ODG guidelines:

Lidocaine: Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. See Criteria for use below. Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-prurities. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. Indications: Recommended for localized pain that is consistent with a neuropathic etiology after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine patches are generally not recommended for non-neuropathic pain (including osteoarthritis or myofascial pain/trigger points). See Criteria for use below. Most studies have utilized the Neuropathic Pain Scale (NPS) as measure of neuropathy when there are questions of whether this is the cause of pain. There is limited information as to long-term efficacy and continued information as to outcomes should be provided to allow for on-going use. (Argoff, 2004) (Galer, 2004) (Argoff, 2006) (Dworkin, 2007) (Khaliq-2009) (Burch, 2004) (Gimbel, 2005) (Dworkin, 2003) (Finnerup,

2005) (O'Connor, 2009) Discussion about specific details of these studies are given in detail with references. Trigger points & myofascial pain: Not recommended. (Affaitati, 2009) (Dalpaiz, 2004) Osteoarthritis of the knee: Not generally recommended unless a component of neuropathy is indicated using measures such as the Neuropathic Pain Scale. All current available studies were sponsored by the manufacturer of lidocaine patches and are non-controlled, and of short-term in duration. (Burch, 2004) (Kivitz, 2008) Axial back pain (including osteoarthritis): Not recommended unless neuropathy is suggested. Current studies as to use of Lidoderm patches for non-neuropathic low back pain are non-controlled, may or may not evaluate for the presence of neuropathic quality, have included multiple stages of pain (from acute to chronic), have included multiple diagnoses, show limited results in pain reduction, and are generally sponsored by the manufacturer. Acute groups have had better results than chronic pain patients, which may be attributed to natural recovery. (Gimbel, 2005) (Galer, 2004) (Argoff, 2004) The FDA has approved a Lidocaine/ tetracaine cream (Pliaglis®) for local analgesia. This is only indicated for superficial aesthetic procedures, such as dermal filler injection, pulsed dye laser therapy, facial laser resurfacing, and laser-assisted tattoo removal. (FDA, 2013).

It has been brought to our attention that on occasion there has been some confusion in regards to prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

CC:

Kweller, Esq., Zachary: 07/13/2020

Castro, Mario: 07/13/2020

Kweller, Esq., Zachary: 07/14/2020

Castro, Mario : 07/14/2020 UR, Chubb : 07/14/2020

This visit note has been electronically signed off by Aikin, Jessica, PA-C on 07/10/2020

Pain and Rehabilitative Consultants Medical Group

1335 Stanford Avenue Emeryville, CA 94608

Telephone (510) 647-5101 • Fax (510) 647-5105

Name		Date	07/14/2020
1000 Sutter St Room	123 San Francisco), CA 94	109
R 12 se	ssions of Acupuncture for ral hands, wrists, and forea		
M70.831 Other soft tissue disorders rela M70.822 Other soft tissue disorders rela	-	rm arm	
Refill	Bonf Max		☐ Do Not Substitute M.D.
 Mark Phillips, P.A. DEA#: MP0998558 / LIC#: PA17702 Babak Jamasbi, M.D. DEA#: BJ2563345 / LIC#: G70042 Timothy Lo, M.D. DEA#: FL0167901 / LIC#: A92580 Brendan Morley, M.D. 	☐ Arzhang Zereshki, M.D. DEA#: FZ3404477 / LIC#: A119704 ☐ Neil K. Kamdar, M.D. DEA#: FK5223172 / LIC#: A144608 ☐ John W. Alchemy, M.D. DEA#: BP4661369 / LIC#: 55085 ☐ Susie Paik, P.AC	DEA	y J. Cho, P.AC #: MC2432386 / LIC#: PA21642 M. Fellows, P.AC #: MF4602288 / LIC#: 55158 rt J. Estis, P.A. #: ME0720513 / LIC#: PA12019 ra Aikin, P.A. #: MA4725353 / LIC#: 51677 reh Semati, FNP-BC
DEA#; BM3191133 / LIC#; G74102	DEA#: MP1537856 / LIC#: PA19005	DEA	#: MS3193264 / LIC#: 18520

UR Check off List

ADJ RCVD:

08/26/2020

5 DAY DUE DATE:

09/02/2020

UR RCVD:

08/26/2020

CLAIM #:

040519008736

CLAIMANT:

Jonathan Shockley

CorVel #:

139249073-UMO-28

CM ASSIGNED

Elena Vega

Processor:

Erika

Review Type:

Prospective

QA Reviewer:

Samantha Nguyen

Category:

IMR

Jurisdiction:

California

WCIS#:

2019022115295475087374

Date of Injury:

02/15/2019

MED:	ICATION

Determination	Type of Medication	Name of Medication	Dosage	# of Refills	Brand Name	Facility	Provider	Notes
Requested		Lidocaine ointment	5% #60	0	No			
Requested		Voltaren gel	1% #1	0	No			

EMPLOYEE:

Jonathan Shockley

EMPLOYER:

Biotelemetry, Inc.

Employee Address:

1000 Sutter St.

San Francisco, CA 94109

Social Security Number:

217-25-7160

Date of Birth:

09/27/1978

INSURER/CARRIER:

Chubb & Son (WC) - Los Angeles, CA / Chubb & Son (WC) - Los Angeles, CA /

Adjuster Address:

PO Box 30850,

Los Angeles, CA 90030

Adjuster:

Mario Castro

Adjuster Phone:

(213) 612-0880

Adjuster Email:

Mario.Castro@Chubb.com

Adjuster Fax:

PROVIDER:

Babak Jamasbi, MD

Provider Address:

1335 Stanford Ave.

Emeryville, CA 94608

Provider Ph / Fax:

(510) 647-5101 / (510) 847-5105

PLANTIFF ATTORNEY:

Farber & Co

Attorney Address:

333 Hegenberger Road #504

Oakland CA 94621

DEFENSE ATTORNEY:

Colantoni, Coll Marren, Phillips and

Attorney Address:

201 Spear Street #1100

San Francisco CA 94105

CASE MANAGER:

Hulbert, Barbara

Email address:

bhulbert@chubb.com

Does this file present an organizational conflict of interest? YES/NO If yes, return file to your supervisor for re-assignment

From:

Perez, Erika

To: GM-ORCA-UR Referrals

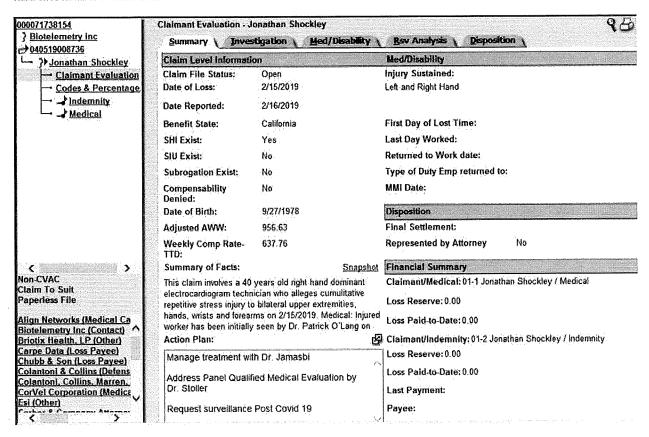
Subject: Date: ASSIGN TO ELENA - BODY PARTS** DUE 9.2 RFA Medication / 040519008736 Jonathan Shockley

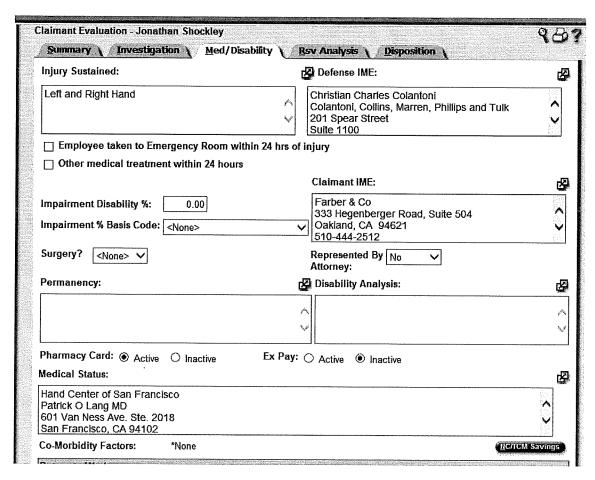
 Date:
 Tuesday, September 1, 2020 11:27:17 AM

 Attachments:
 200826160154852402.pdf

image004.png

Reference Number: UMR-26313208





From: Ventura, Maria < Maria. Ventura 2@Chubb.com >

Sent: Thursday, August 27, 2020 10:38 AM

To: GM-ORCA-Chubb UR < GM-ORCA-Chubb_UR@CORVEL.com>
Subject: DUE 9.2 RFA Medication / 040519008736 Jonathan Shockley

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The original sender of this email is: Maria.Ventura2@Chubb.com

From: Fax2Mail <<u>fax-1841185@reply.fax2mail.com</u>>
Sent: Wednesday, August 26, 2020 1:02 PM
To: Laourclaimfax Admin <<u>laourclaimfax@chubb.com</u>>

Subject: 040519008736 Jonathan Shockley

You have received a document.

Sender's Name: kybanez Sender's Caller ID: 18889772986

Date/Time: August 26, 2020 04:01:58 PM EDT

Number of Pages: 10

From kybanez

18689772986

8/26/2020 12:54:30 PDT

Page 01 of 10

State of California, Division of Workers' Componsation REQUEST FOR AUTHORIZATION DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWG Form PR-2, or equivalent narrative report substantiating the requested treatment.

		oyee faces an imminent mation of a prior oral re-	and send		hange in Material Facts er health	
Employee Informatio	nv.			nenani makaban	and the second second second second	
Name (Last, First, Mid						
Date of Injury (MM/DD/YYYY): 02/15/2019 Date of Birth (MM/L					YY): 09/27/1978	
Claim Number: 04051	9008736		Empl	oyer: Biotelemetry,	Inc	
Requesting Physicia	n Information			or a process of the process of		
Name: Dr. Jamasbi, 6	Babak J,					
Practice Name: PRCM	1G		Contac	d Name:Christian (Siri	
Address: 1335 Stanfo	rd Ave		City: Emeryville State: CA			
Zip Code: 94608	Phone: 51	10-647-5101 ext 471	Faxi	lumber: 510-647-51	05	
Specially: Pain Manag	gement		NPIN	lumber: 137663719	9	
E-mail Address;			,			
Glaims Administrato	r Information					
Company Name; Chul	b Son of Federa	lins Company	Contr	ot Name: Castro, I	/arlo	
Address: P.O. Box 42	2065			Phoenix	State:AZ	
Zip Code; 85080	p Code; 85080 Phone; 213-612-5378			Jumber: 800-664-17	65	
E-mail Address:						
Requested Treatmen	it (see instruction	s for guldance; attach	edaddil	lonal pages If nece	ssary)	
of the attached medic	al report on which	vices, goods, or items in the requested treatment set if the space below is	t can be	found. Up to five (5	o the specific page number(s)) procedures may be entered;	
Diagnosis (Required)	ICD-Codo (Required)	Service/Good Requi (Required)	ested	CPT/HCPCS Code (If known)	Other Information: (Frequenty, Duration Quantity, etc.)	
Cervical disc disorder with radiculopathy, unspecified cervical region Other soft tissue disorders related to use, overuse and pressure, right upper arm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, right forearm Lesion of ulnar nerve, unspecified	G56.20	1 Lidocaine 5% Ointm SIG: Apply 2-3 grams affected area up 16 4 t daily QTY: 60.00 2 Voltaren 1% Gel SIC to affected area daily 1.00	to imes 3: Apply			

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☐ Resubmission – Change in Material Facts

State of California, Division of Workers' Compensation REQUEST FOR AUTHORIZATION DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

■ New Request

☐ Expedited Review: ☐ Check box if reque	Check box if emplest is a written confi	loyee faces an imminent a irmation of a prior oral req	and seri uest.	ious threat to his or	her health	ional (dolo
Employee Information	n					
Name (Last, First, Mic		<u> </u>				
Date of Injury (MM/DD/YYYY): 02/15/2019				of Birth (MM/DD/Y)	YY): 09/27/1	978
Claim Number: 04051	9008736		Emp	loyer: Biotelemetry	. Inc	
Requesting Physicia	in Information				and the state of the state of the state of	
Name: Dr. Jamasbi,			2222223333			
Practice Name: PRCI	//G		Conta	ct Name:Christian	G.	
Address: 1335 Stanfo	ord Ave		City:	Emeryville		State: CA
Zip Code: 94608	Phone: 5	10-647-5101 ext 471		Number: 510-647-5 1	105	
Specialty: Pain Mana	gement			Number: 137663719	***************************************	
E-mail Address:			.1			
Claims Administrato	r.Information	ranta este a como de la como de l	ar Vine of	a kalendari kalendari kalendari kalendari	er ar	associalists views views views
Company Name:Chul	b Son of Federa	I Ins Company	Cont	act Name: Castro, I	Mario	
Address: P.O. Box 42			7	Phoenix		State:AZ
Zip Code; 85080	Phone; 2°	13-612-5378		Number: 800-664-17	'65	
E-mail Address:	•					
Requested Treatmen	it (see instruction	is for guldance attache	d'addif	lonal pages if nece	essarv)****	
of the attached medicalist additional requests	al report on which	vices, goods, or items in the requested treatment of set if the space below is in	can be sufficie	found, Up to five (5 ent.) procedures	page number(s) may be entered; Information:
Diagnosis (Required)	(Required)	Service/Good Reques (Required)	stea	CPT/HCPCS Code (If known)		ency, Duration entity, etc.)
unspecified cervical region	G56.20	1 Lidocaine 5% Ointme SIG: Apply 2-3 grams to affected area up 1o 4 tin daily QTY: 60.00 2 Voltaren 1% Gel SIG: to affected area daily C 1.00	nes Apply			

Received 12/28/2020 Pacific Workers'

upper limb						
		Date of Visit: Jul 10, 2020				
Treatment to be paid under t	he CA OMFS		.1			
Peer to Peer calls: Mon-Fri	3:30pm -5pm	PT. Please call (510) 647-5101 x0				
Date: 07/13/2020 at 03:30 PM(PT						
		Boof Nos				
Requesting Physician	Signature:					
Claims Administrato	r/Utilizatio	n Review Organization (URO) Res	ponse wyrodowy w	наментомунарушинан отмуни откустунатый отмунулуу		
☐ Approved ☐ Den ☐ Requested treatme	ied or Modi ent has bee	ified (See separate decision letter) n previously denied □ Liability for	□ Delay (See sepa treatment is disput	erate notification of delay) ed (See separate letter)		
Authorization Number	(if assigned	d):	Date:			
Authorized Agent Name:			Signature:			
Phone:	1	Fax Number:	E-mail Address:			
Comments:						

DWC Form RFA (Effective 2/2014)

Page 1

CC:

UR Department (if applicable):213-612-5785
Applicant Attorney (if applicable):Zachary Kweller, Esq. 866-819-6169



Babak Jamasbi, MD | Brendan Morley, MD
Timothy Lo, MD | Arzhang Zereshki, MD | Neil Kamdar, MD | John Alchemy, MD

1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

Visit Note

Provider:

Supervising: Babak J, Jamasbi, M.D. Performing: Jessica Aikin, PA-C

Encounter Date: Jul 10, 2020

Patient: Shockley, Jonathan (PT00023609)

Sex: Male

DOB: Sep 27, 1978 Age: 41 Year Race: Unreported/Refused to Report

Address: 1000 Sutter St Room 123, San Francisco CA 94109 Pref. Phone(H):

415-312-4029

Primary Dr.: Babak Jamasbi, M.D.

Referred By: Babak Jamasbi, M.D.

Injury Date: 02/15/2019 Employer: Biotelemetry, Inc

Case Insurance: Chubb Son of Federal Ins Company

Claim No.: 040519008736

VISIT TYPE:

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:

Mr. Shockley was not physically able to come into the office today due to compliance with the current National Emergency guidelines for the COVID-19 pandemic; therefore, a telemedicine follow-up visit was done today. The nature of telehealth consultation was discussed with the patient, including the risks, benefits and alternatives. The patient had opportunity to ask questions about the information and those questions were answered. The patient verbalized understanding and agreed to this telehealth consultation.

SUBJECTIVE COMPLAINTS:

Patient is here to follow up on pain in his arms and bilateral hands.

Patient continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists up to his elbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". He reports pain in his neck as well as numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment.

He has been approved for a surgical consultation for the bilateral elbows with Dr. Leonard Gordon to discuss ulnar mononeuropathy at the bilateral elbows. This appointment is scheduled for July 22, 2020.

With acupuncture treatment, he reports a reduction in his pain complaints from a 4-5/10 to a 2-3/10, constituting a 10-20% reduction in his pain complaints for 2-3 days. He would like to continue with this treatment modality.

With regard to medication, he continues with Lidocaine cream and voltaren gel as topical medications. He denies side effects with his medications. He does request for refills today.

Medical History:

PAST MEDICAL HISTORY

- 1. Bronchitis 2 years ago.
- 2. Eczema.
- 3. He had an episode of epilepsy and took Tegretol at age 10 or 11.
- 4. History of anxiety. He was taking Hydroxyzine but now does not take medication and just meditates.

PAST SURGICAL HISTORY

- 1. Adenoidectomy in 1987.
- 2. Lasik surgery in 2000.
- 3. Sympathectomy in 2000.
- 4. Right big toe bone spur removal in 2000.
- 5. Right Achilles tendon debridement in 2002.
- 6. Right Achilles tendon debridement in 2003.

Social History:

PSYCH/SOCIAL HISTORY

The patient does not smoke eigarettes.

The patient does not drink alcoholic beverages.

The patient does not use illicit drugs.

The patient is not married.

The patient has a significant other.

The patient has no children.

Patient does not have a family history of childhood abuse.

Patient does not have a family history of sexual abuse.

Epworth Scale is 0. The patient goes to bed, falls asleep and wakes up at variable times. The patient feels he gets adequate rest.

OBJECTIVE FINDINGS:

Mental Status: The patient is awake, alert and fully oriented with normal speech and language. Appropriately conversant, pleasant, cooperates with exam.

Spine:

Upright spinal posture

Motor:

Patient is able to stand up from a chair unassisted.

Gait is narrow based and steady.

UE/LE muscle strength:

Bilateral upper and lower extremity strength appear intact on non-confrontational movement exam, without evidence for foot drop or other observable weakness. Normal bulk and tone. No atrophy noted.

Current Medications:

- 1. Lidocaine 5% Ointment Apply 2-3 grams to affected area up to 4 times daily
- 2. Voltaren 1% Gel Apply to affected area daily
- 3. Advil (OTC)
- 4. Aspirin Ec 81 Mg Tablet (OTC)

FORMAL REQUEST FOR AUTHORIZATION:

for bilateral hands, wrists, and forearms.

12 sessions of acupuncture 97813, 97814, 97026, 97124.

This is a formal request for authorization of the medications within the "prescriptions" section of this note.

DIAGNOSIS:

M50.10	Cervical disc disorder with radiculopathy, unspecified cervical region
M70.821	Other soft tissue disorders related to use, overuse and pressure, right upper arm
	Other soft tissue disorders related to use, overuse and pressure, left upper arm
M70.831	Other soft tissue disorders related to use, overuse and pressure, right forearm
G56.20	Lesion of ulnar nerve, unspecified upper limb

PRESCRIPTION:

Refill Added:

1 Lidocaine 5% Ointment SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 60.00.

2 Voltaren 1% Gel SIG: Apply to affected area daily QTY: 1.00.

TREATMENT PLAN:

Assessment:

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hands. Massage therapy exacerbated his pain. He is not currently working.

The patient did have a QME with Dr. Stoller on 1/23/20. Per Dr. Stoller, the patient is not yet MMI. He recommends an upper extremity EMG to asses his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy. Cervical MRI was completed on 4/3/20 and is reviewed below, EMG was completed on 2/10/20 with Dr. Neeti Bathia, this shows demyclinating ulnar mononcuropathy bilaterally across the clbows, no evidence of median, radial, or cervical radiculopathy on either side.

Plan:

- With regard to the bilateral elbows, he has been approved for a surgical consult to address bilateral ulnar neuropathy with Dr. Leonard Gordon, He is scheduled on 7/22/20.
- The patient has a QME re-evaluation with Dr. Stoller on August 20, 2020.
- The patient continues with acupuncture treatment at this time, with benefit. We will request for 12 additional sessions based on functional improvement as discussed above.
- With regard to the cervical spine, MRI of the cervical spine from 4/3/20 shows a 4mm left disc osteophyte at C5-C6 causing severe bilateral neural foraminal stenosis as well as a left paracentral disc protrusion at C6-C7, mild central stenosis from C5-C7. The severe bilateral neural foraminal stenosis at C5-C6 may be contributing to right shoulder and deltoid pain. We discussed the possibility of CESI, the patient defers injections. Our request for surgical consultation with Dr. Paul Slosar was deferred on the basis that his insurance is disputing liability for the body parts of the neck and the bilateral upper arms. He will continue to discuss this with his attorney.
- With regard to medications, Voltaren gel and Lidocaine ointment refilled today.

Follow up in 4-6 weeks.

WORK STATUS:

WORK STATUS: The patient is not permanent and stationary.

Work restrictions: Repetitive activities using upper extremities limited to 1 hour in an 8-hour shift. No lifting, pushing, or pulling greater than 5 pounds

TIME SPENT:

Greater than 50% of the visit was spent in counseling and coordination of care. As such, time spent with the patient should be the guiding determinant in determining the level of evaluation and management services. 15 minutes were spent in direct face to face time with the patient. "I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend of accounts or other consideration, whether in the form of money or otherwise, or compensation or inducement for any referred evaluation or examination."

Please consider the treatment plan as a formal request for preauthorization services described therein. In the event that the written denial, authorization or notice of delay is not received by our office within 7 business days with a description of the review by a qualified physician with training in pain management and/or physical medicine and rehabilitation expertise (as per the dictates of the California Code of Regulation 9792.6) we will assume de facto authorization.

If prior pre-authorization has been requested in an earlier report or therapeutic plan, please consider the date of the prior request as applicable for the purposes of the formal date of request. *Dr. Morley and Dr. Jamasbi hold a financial interest in Bay Surgery Center. The Northern California Functional Restoration Program is an integral part of Pain and Rehabilitative Consultants Medical Group.

JUSTIFICATION:

Diclofenac cream: The following has been recommended regarding Diclofenac in the MTUS/ΛCOEM guidelines

Topical NSAIDs for Chronic Persistent Pain Where Target Tissue Superficially Located Recommended.

Topical NSAIDs are selectively recommended for treatment of chronic persistent pain where target tissue is superficially located.

Strength of Evidence - Recommended, Insufficient Evidence (I)

Level of Confidence - Low

Indications: Chronic persistent pain in a superficial area that is amenable to a topical agent. Should generally have intolerance of, or another indication against oral NSAID use.

Benefits: Improvement in pain and function. Avoidance of gastrointestinal adverse effects of some NSAIDs.

Harms: Irritation, allergy, having to use on skin that may interfere with some job performance needs

Frequency/Dose/Duration: Per manufacturer's recommendations

Indications for Discontinuation: Resolution, intolerance, adverse effects, or lack of benefits.

Rationale: There are no quality studies of treating chronic persistent pain with topical NSAIDs. The target tissue for most, but not all chronic persistent pain with an occupational basis is generally too deep for justification of use of topical NSAIDs. Topical NSAIDs are not invasive, have low adverse effects, are high cost for a typical treatment regimen, and are selectively recommended for treatment of conditions amenable to topical treatment who generally also have intolerance or other contraindication for oral NSAID use.

Lidocaine cream: The following has been recommended regarding Lidocaine in the ODG guidelines:

Lidocaine: Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. See Criteria for use below. Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain, Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-prurities. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. Indications: Recommended for localized pain that is consistent with a neuropathic etiology after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine patches are generally not recommended for non-neuropathic pain (including osteoarthritis or myofascial pain/trigger points). See Criteria for use below. Most studies have utilized the Neuropathic Pain Scale (NPS) as measure of neuropathy when there are questions of whether this is the cause of pain. There is limited information as to long-term efficacy and continued information as to outcomes should be provided to allow for on-going use. (Argoff, 2004) (Galer, 2004) (Argoff, 2006) (Dworkin, 2007) (Khaliq-2009) (Burch, 2004) (Gimbel, 2005) (Dworkin, 2003) (Finnerup, 2005) (O'Connor, 2009) Discussion about specific details of these studies are given in detail with

references. Trigger points & myofascial pain: Not recommended. (Affaitati, 2009) (Dalpaiz, 2004) Osteoarthritis of the knee: Not generally recommended unless a component of neuropathy is indicated using measures such as the Neuropathic Pain Scale. All current available studies were sponsored by the manufacturer of lidocaine patches and are non-controlled, and of short-term in duration. (Burch, 2004) (Kivitz, 2008) Axial back pain (including osteoarthritis): Not recommended unless neuropathy is suggested. Current studies as to use of Lidoderm patches for non-neuropathic low back pain are non-controlled, may or may not evaluate for the presence of neuropathic quality, have included multiple stages of pain (from acute to chronic), have included multiple diagnoses, show limited results in pain reduction, and are generally sponsored by the manufacturer. Acute groups have had better results than chronic pain patients, which may be attributed to natural recovery. (Gimbel, 2005) (Galer, 2004) (Argoff, 2004) The FDA has approved a Lidocaine/ tetracaine cream (Pliaglis®) for local analgesia. This is only indicated for superficial aesthetic procedures, such as dermal filler injection, pulsed dye laser therapy, facial laser resurfacing, and laser-assisted tattoo removal. (FDA, 2013).

It has been brought to our attention that on occasion there has been some confusion in regards to prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rchabilitative Consultants Medical Group) working under the direction of the primary treating physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

CC:

Kweller, Esq., Zachary: 07/13/2020

Castro, Mario: 07/13/2020

Kweller, Esq., Zachary: 07/14/2020

Castro, Mario : 07/14/2020 UR, Chubb : 07/14/2020 UR, Chubb : 08/26/2020

This visit note has been electronically signed off by Jamasbi, Babak J., M.D. on 07/17/2020

State of California, Division of Workers' Compensation REQUEST FOR AUTHORIZATION DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

- New Dawinst						
■ New Request □ Expedited Review:	Check box if empl	oyee faces an imminent a	nd ser	□ Resubmission – 0 lious threat to his or	Change in Mat her health	erial Facts
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Date of Injury (MM/DE Claim Number: 04051		19		of Birth (MM/DD/Y)		178
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Requesting Physicia Name: Dr. Jamasbi, I		an a	est custique de la constanti			A SPECIFICAL CONTROL OF CONTROL O
Practice Name: PRCM			Conta	ct Name: Bembem	<u></u>	
Address: 1335 Stanfo					G.	Tour or
Zip Code: 94608		10-647-5101 x133	City: Emeryville State: CA Fax Number: 510-647-5105 or 510-540-6965			
Specialty: Pain Manag		10-047-3101 X133		***************************************		J-6965
E-mail Address:	aement		NPI	Number: 137663719	19	
Claims Administrato	r Information	Note that the second section is a second	ier skieder.	isti kanalisti kalenda kanalisti kalenda ka	energe sold sold and	
Company Name:Chul	b Son of Federa	l Ins Company	Cont	act Name:Castro, N	lario	
Address: P.O. Box 42	2065			Phoenix		State:AZ
Zip Code: 85080	Phone: 2°	13-612-5378	Fax Number: 800-664-1765			
E-mail Address:						
Requested Treatmen	it (see instruction	s for guidance; attached	laddit	ional pages if nece	essary)	edick Stewart (consumer)
List each specific requ	iested medical ser	vices, goods, or items in t	he bel	ow space or indicat	e the specific	page number(s)
of the attached medica	al report on which	the requested treatment of	an be	found. Up to five (5) procedures r	nay be entered;
iist additional requests	on a separate sne	eet if the space below is in	Sufficie	ent.	1	
Diagnosis	ICD-Code	Service/Good Request	ted	CPT/HCPCS		Information:
(Required)	(Required)	(Required)		Code (If known)		ncy, Duration ntity, etc.)
Cervical disc disorder with	M70.832, M70.831.	Surgical Consult for the B	letarel	99205	Qual	inty, etc.)
radiculopathy, unspecified	M70.822, M70.821,	Elbows- with Dr. Leon:		33203		
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and pressure, right upper i		Toquotou by dine bil of	Olici			
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Lesion of ulnar nerve,						
unspecified upper limb						
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Freatment must be paid un Peer to Peer calls: Mon-Fri		AFS '. Please call (510) 647-5101 x0)			

Received 12/28/2020 Pacific Workers'

	Bof Non			
Requesting Physician Signature:				
Glaims Administrator/Utilization Review Organization (URO) Response ************************************			KIST DELLATAT MAKALLI BIBISAK KISE DELIAT DEMAKA	
☐ Approved ☐ Denied or M	odified (See separate decision letter) E een previously denied Liability for t	Delay (See sep	arate notification of delay)	
Authorization Number (if assigned):		Date:		
Authorized Agent Name:		Signature:		
Phone:	Fax Number:	E-mail Address:		
Comments:	•			

DWC Form RFA (Effective 2/2014)

Page 1

CC:

UR Department (if applicable):213-612-5785
Applicant Attorney (if applicable):Zachary Kweller, Esq. 866-819-6169
Nurse Case Manager (if applicable):



Babak Jamasbi, MD | Brendan Morley, MD
Timothy Lo, MD | Arzhang Zereshki, MD | Neil Kamdar, MD | John Alchemy, MD

1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

Visit Note

Provider:

Supervising: Babak J, Jamasbi, M.D. Performing: Jessica Aikin, PA-C

Encounter Date: Jun 12, 2020

Patient: Shockley, Jonathan (PT00023609)

Sex: Male

DOB: Sep 27, 1978 Age: 41 Year Race: Unreported/Refused to Report

Address: 1000 Sutter St Room 123, San Francisco CA 94109 Pref. Phone(H):

415-312-4029

Primary Dr.: Babak Jamasbi, M.D.

Referred By: Babak Jamasbi, M.D.

Injury Date: 02/15/2019 Employer: Biotelemetry, Inc.

Case Insurance: Chubb Son of Federal Ins Company

Claim No.: 040519008736

VISIT TYPE:

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:

Mr. Shockley was not physically able to come into the office today due to compliance with the current National Emergency guidelines for the COVID-19 pandemic; therefore, a telemedicine follow-up visit was done today. The nature of telehealth consultation was discussed with the patient, including the risks, benefits and alternatives. The patient had opportunity to ask questions about the information and those questions were answered. The patient verbalized understanding and agreed to this telehealth consultation.

SUBJECTIVE COMPLAINTS:

Patient is here to follow up on pain in his arms and bilateral hands.

Patient continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists up to his elbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". He has numbress and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment.

Since his most recent visit, he has been approved for 12 additional sessions of acupuncture treatment. We also have Dr. Bathia's BUE EMG report from 2/10/20. Our request for surgical consult for the neck was denied and will be appealed.

With regard to medication, he continues with Lidocaine cream and voltaren gel as topical medications. He denies side effects with his medications. He does not request for refills today.

Medical History:

PAST MEDICAL HISTORY

- 1. Bronchitis 2 years ago.
- 2. Eczema.
- 3. He had an episode of epilepsy and took Tegretol at age 10 or 11.
- 4. History of anxiety. He was taking Hydroxyzine but now does not take medication and just meditates.

PAST SURGICAL HISTORY

- 1. Adenoidectomy in 1987.
- 2. Lasik surgery in 2000.
- 3. Sympathectomy in 2000.
- 4. Right big toe bone spur removal in 2000.
- 5. Right Achilles tendon debridement in 2002.
- 6. Right Achilles tendon debridement in 2003.

Social History:

PSYCH/SOCIAL HISTORY

The patient does not smoke cigarettes.

The patient does not drink alcoholic beverages.

The patient does not use illicit drugs.

The patient is not married.

The patient has a significant other.

The patient has no children.

Patient does not have a family history of childhood abuse.

Patient does not have a family history of sexual abuse.

Epworth Scale is 0. The patient goes to bed, falls asleep and wakes up at variable times. The patient feels he gets adequate rest.

OBJECTIVE FINDINGS:

Mental Status: The patient is awake, alert and fully oriented with normal speech and language. Appropriately conversant, pleasant, cooperates with exam.

Spine:

Upright spinal posture

Motor:

Patient is able to stand up from a chair unassisted.

Gait is narrow based and steady.

UE/LE muscle strength:

Bilateral upper and lower extremity strength appear intact on non-confrontational movement exam, without evidence for foot drop or other observable weakness. Normal bulk and tone. No atrophy noted.

Current Medications:

- 1. Lidocaine 5% Ointment Apply 2-3 grams to affected area up to 4 times daily
- 2. Voltaren 1% Gel Apply to affected area daily
- 3. Advil (OTC)
- 4. Aspirin Ec 81 Mg Tablet (OTC)

FORMAL REQUEST FOR AUTHORIZATION:

Surgical Consult (99205) Bilateral Elbows- with Dr. Leonard Gordon for bilateral ulnar neuropathy on EMG as requested by QME Dr. Stoller.

DIAGNOSIS:

M50.10	Cervical disc disorder with radiculopathy, unspecified cervical region
	Other soft tissue disorders related to use, overuse and pressure, right upper arm
	Other soft tissue disorders related to use, overuse and pressure, left upper arm
	Other soft tissue disorders related to use, overuse and pressure, right forearm
G56.20	Lesion of ulnar nerve, unspecified upper limb

TREATMENT PLAN:

Assessment:

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hands. Massage therapy exacerbated his pain. He is not currently working.

Plan:

- The patient did have a QME with Dr. Stoller on 1/23/20. Per Dr. Stoller, the patient is not yet MMI. He recommends an upper extremity EMG to asses his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy. Cervical MRI was completed on 4/3/20 and is reviewed below, EMG was completed on 2/10/20 with Dr. Necti Bathia, this shows demyelinating ulnar mononeuropathy bilaterally across the elbows, no evidence of median, radial, or cervical radiculopathy on either side. We will request for surgical consult for the bilateral elbows today to address bilateral ulnar neuropathy, with Dr. Leonard Gordon.
- The patient has a QME re-evaluation with Dr. Stoller on August 20, 2020.
- The patient has been approved for 12 additional sessions of acupuncture treatment. We will monitor his response.
- With regard to the cervical spine, MRI of the cervical spine from 4/3/20 shows a 4mm left disc osteophyte at C5-C6 causing severe bilateral neural foraminal stenosis as well as a left paracentral disc protrusion at C6-C7, mild central stenosis from C5-C7. The severe bilateral neural foraminal stenosis at C5-C6 may be contributing to right shoulder and deltoid pain. We discussed the possibility of CESI, the patient defers injections at this time. Our request for surgical consultation with Dr. Paul Slosar was denied and will be appealed.
- -No medications refilled at this visit.

Follow up in 4-6 weeks.

WORK STATUS:

WORK STATUS: The patient is not permanent and stationary.

Work restrictions: Repetitive activities using upper extremities limited to 1 hour in an 8-hour shift. No lifting, pushing, or pulling greater than 5 pounds

TIME SPENT:

Greater than 50% of the visit was spent in counseling and coordination of care. As such, time spent with the patient should be the guiding determinant in determining the level of evaluation and management services. 15 minutes were spent in direct face to face time with the patient "I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend of

accounts or other consideration, whether in the form of money or otherwise, or compensation or inducement for any referred evaluation or examination."

Please consider the treatment plan as a formal request for preauthorization services described therein. In the event that the written denial, authorization or notice of delay is not received by our office within 7 business days with a description of the review by a qualified physician with training in pain management and/or physical medicine and rehabilitation expertise (as per the dictates of the California Code of Regulation 9792.6) we will assume de facto authorization.

If prior pre-authorization has been requested in an earlier report or therapeutic plan, please consider the date of the prior request as applicable for the purposes of the formal date of request. *Dr. Morley and Dr. Jamasbi hold a financial interest in Bay Surgery Center. The Northern California Functional Restoration Program is an integral part of Pain and Rehabilitative Consultants Medical Group.

JUSTIFICATION:

It has been brought to our attention that on occasion there has been some confusion in regards to prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

CC:

Kweller, Esq., Zachary: 06/19/2020

Castro, Mario : 06/19/2020 UR, Chubb : 06/19/2020

This visit note has been electronically signed off by Jamasbi, Babak J., M.D. on 06/18/2020

State of California, Division of Workers' Compensation REQUEST FOR AUTHORIZATION DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

■ New Request ☐ Expedited Review: (☐ Check box if reques	Check box if emplities a written confi	oyee faces an imminent a rmation of a prior oral req	nd seri	□ Resubmission – C ous threat to his or l	change in Mate ner health	erial Facts	
Employee Information							
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Date of Injury (MM/DD/	/YYYY): 02/15/201	19	Date	of Birth (MM/DD/YY	YY): 09/27/1 9	78	
Claim Number: 040519	0008736		Empl	oyer: Biotelemetry,	Inc		
Requesting Physician	Information						
Name: Dr. Jamasbi, B	abak J,						
Practice Name: PRCM	G		Conta	ct Name: Bembem	G.		
Address: 1335 Stanford Ave				Emeryville		State: CA	
Zip Code: 94608	Zip Code: 94608 Phone: 510-647-5101 x133				05 or 510-540)-6965	
Specialty: Pain Manag	ement		NPIN	Number: 137663719	9		
E-mail Address:							
Claims Administrator							
Company Name: Chubb Son of Federal Ins Company				Contact Name: Castro, Mario			
Address: P.O. Box 42	065		City:	Phoenix		State:AZ	
Zip Code: 85080 Phone: 213-612-5378				Number: 800-664-17	65		
E-mail Address:							
List each specific reque of the attached medica	ested medical ser I report on which	s for guidance; attached vices, goods, or items in the the requested treatment of the space below is in	he bel an be	ow space or indicate found. Up to five (5)	the specific r	page number(s) nay be entered;	
Diagnosis (Required)	ICD-Code (Required)	Service/Good Requesi (Required)		CPT/HCPCS Code (If known)	(Frequer	nformation: ncy, Duration ntity, etc.)	
Cervical disc disorder with radiculopathy, unspecified cervical region Other soft tissue disorders related to use, overuse and pressure, right upper arm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, right forearm	M70.832, M70.831, M70.822, M70.821, Z79.899, M50.10	Surgical Consult for the with Dr. Paul Slosar 12 sessions of acupunctur bilateral arms.		99205 97813, 97814, 97026, 97124			
Freatment must be paid und Peer to Peer calls: Mon-Frid				97026, 97124			

Received 12/28/2020 Pacific Workers'

		Date: 06/04/2020 at 07:30 AM(PT)
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Requesting Physicia	n Signature:	
Claims Administrat	or/Utilization Review Organization (URO) Response
☐ Approved ☐ De ☐ Requested treatn	enied or Modified (See separate decisionent has been previously denied 🏻 🗘 L	on letter) Delay (See separate notification of delay) iability for treatment is disputed (See separate letter)
Authorization Number		Date:
Authorized Agent Name:		Signature:
Phone:	Fax Number:	E-mail Address:
Comments:		

DWC Form RFA (Effective 2/2014)

Page 1

CC:

UR Department (if applicable):213-612-5785 Applicant Attorney (if applicable):Zachary Kweller, Esq. 866-819-6169 Nurse Case Manager (if applicable):



Babak Jamasbi, MD | Brendan Mortey, MD
Timothy Lo, MD | Arzhang Zereshki, MD | Neil Kamdar, MD | John Alchemy, MD

1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

Visit Note

Provider:

Supervising: Babak J, Jamasbi, M.D. Performing: Jessica Aikin, PA-C

Encounter Date: May 29, 2020

Patient: Shockley, Jonathan (PT00023609)

Sex: Male

DOB: Sep 27, 1978 Age: 41 Year Race: Unreported/Refused to Report

Address: 1000 Sutter St Room 123, San Francisco CA 94109 Pref. Phone(H):

415-312-4029

Primary Dr.: Babak Jamasbi, M.D.

Referred By: Babak Jamashi, M.D.

Injury Date: 02/15/2019 Employer: Biotelemetry, Inc

Case Insurance: Chubb Son of Federal Ins Company

Claim No.: 040519008736

VISIT TYPE:

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:

Mr. Shockley was not physically able to come into the office today due to compliance with the current National Emergency guidelines for the COVID-19 pandemic; therefore, a telemedicine follow-up visit was done today. The nature of telehealth consultation was discussed with the patient, including the risks, benefits and alternatives. The patient had opportunity to ask questions about the information and those questions were answered. The patient verbalized understanding and agreed to this telehealth consultation.

SUBJECTIVE COMPLAINTS:

Patient is here to follow up on pain in his arms and bilateral hands.

Patient continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists up to his elbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". He has numbress and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment.

Patient has recently completed 12 sessions of acupuncture treatment, with these sessions he reports a 30% reduction in pain complaints. This treatment allows him to be more active, and rely less on medications. He would be interested in continuing with this treatment.

With regard to medication, he continues with Lidocaine cream and voltaren gel as topical medications. He denies side effects with his medications. He does request for refills today.

OBJECTIVE FINDINGS:

Mental Status: The patient is awake, alert and fully oriented with normal speech and language. Appropriately conversant, pleasant, cooperates with exam.

Spine:

Upright spinal posture

Motor:

Patient is able to stand up from a chair unassisted.

Gait is narrow based and steady.

UE/LE muscle strength:

Bilateral upper and lower extremity strength appear intact on non-confrontational movement exam, without evidence for foot drop or other observable weakness. Normal bulk and tone. No atrophy noted.

Current Medications:

- 1. Lidocaine 5% Ointment Apply 2-3 grams to affected area up to 4 times daily
- 2. Voltaren 1% Gel Apply to affected area daily
- 3. Advil (OTC)
- 4. Aspirin Ec 81 Mg Tablet (OTC)

FORMAL REQUEST FOR AUTHORIZATION:

Surgical Consult (99205) Neck- with Dr. Paul Slosar.

12- bilateral arms sessions of acupuncture 97813, 97814, 97026, 97124.

This is a formal request for authorization of the medications within the "prescriptions" section of

this note.

DIAGNOSIS:

M50.10	Cervical disc disorder with radiculopathy, unspecified cervical region
M70.821	Other soft tissue disorders related to use, overuse and pressure, right upper arm
M70.831	Other soft tissue disorders related to use, overuse and pressure, right forearm

TREATMENT PLAN:

Assessment:

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hands. He is not currently working. Massage therapy exacerbated his pain.

Plan:

- We will request for 12 additional sessions of acupuncture treatment based on functional improvement as discussed above.
- The patient did have a QME with Dr. Stoller on 1/23/20. Per Dr. Stoller, the patient is not yet MMI. He recommends an upper extremity EMG to asses his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy. This was completed on 2/10/20 with Dr. Bathia. We will request for her report.
- With regard to the cervical spine, MRI of the cervical spine from 4/3/20 shows a 4mm left disc osteophyte at C5-C6 causing severe bilateral neural foraminal stenosis as well as a left paracentral disc protrusion at C6-C7, mild central stenosis from C5-C7. The severe bilateral neural foraminal stenosis at C5-C6 may be attributing to right shoulder and deltoid pain. We discussed the possibility of CESI, the patient has thought about injections, and he has decided to defer at this time. He would be interested in a surgical consultation, we will request for this today with Dr. Paul Slosar.
- -With regard to medication, Voltaren gel and Lidocaine cream refilled today. The patient prefers topical medications at this time.

Follow up in 4-6 weeks.

WORK STATUS:

WORK STATUS: The patient is not permanent and stationary.

Work restrictions: Repetitive activities using upper extremities limited to 1 hour in an 8-hour shift. No lifting, pushing, or pulling greater than 5 pounds

JUSTIFICATION:

Lidocaine cream: The following has been recommended regarding Lidocaine in the ODG guidelines:

Lidocaine: Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. See Criteria for use below. Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-prurities. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. Indications: Recommended for localized pain that is consistent with a neuropathic etiology after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine patches are generally not recommended for non-neuropathic pain (including ostcoarthritis or myofascial pain/trigger points). See Criteria for use below. Most studies have utilized the Neuropathic Pain Scale (NPS) as measure of neuropathy when there are questions of whether this is the cause of pain. There is limited information as to long-term efficacy and continued information as to outcomes should be provided to allow for on-going use. (Argoff, 2004) (Galer, 2004) (Argoff, 2006) (Dworkin, 2007) (Khaliq-2009) (Burch, 2004) (Gimbel, 2005) (Dworkin, 2003) (Finnerup, 2005) (O'Connor, 2009) Discussion about specific details of these studies are given in detail with references. Trigger points & myofascial pain: Not recommended. (Affaitati, 2009) (Dalpaiz, 2004) Ostcoarthritis of the knee: Not generally recommended unless a component of neuropathy is indicated using measures such as the Neuropathic Pain Scale. All current available studies were sponsored by the manufacturer of lidocaine patches and are non-controlled, and of short-term in duration. (Burch, 2004) (Kivitz, 2008) Axial back pain (including osteoarthritis): Not recommended unless neuropathy is suggested. Current studies as to use of Lidoderm patches for non-neuropathic low back pain are non-controlled, may or may not evaluate for the presence of neuropathic quality, have included multiple stages of pain (from acute to chronic), have included multiple diagnoses, show limited results in pain reduction, and are generally sponsored by the manufacturer. Acute groups have had better results than chronic pain patients, which may be attributed to natural recovery. (Gimbel, 2005) (Galer, 2004) (Argoff, 2004) The FDA has approved a Lidocaine/ tetracaine cream (Pliaglis®) for local analgesia. This is only indicated for superficial aesthetic procedures, such as dermal filler injection, pulsed dye laser therapy, facial laser resurfacing, and laser-assisted tattoo removal. (FDA, 2013).

Voltaren Gel: The following has been recommended regarding Voltaren gel in the MTUS/ACOEM guidelines

Topical NSAIDs are selectively recommended for treatment of chronic persistent pain where target tissue is superficially located.

Strength of Evidence – Recommended, Insufficient Evidence (I)

Level of Confidence - Low

Indications: Chronic persistent pain in a superficial area that is amenable to a topical agent. Should generally have intolerance of, or another indication against oral NSAID use.

Benefits: Improvement in pain and function. Avoidance of gastrointestinal adverse effects of some NSAIDs.

Harms: Irritation, allergy, having to use on skin that may interfere with some job performance needs

Frequency/Dose/Duration: Per manufacturer's recommendations

Indications for Discontinuation: Resolution, intolerance, adverse effects, or lack of benefits.

Rationale: There are no quality studies of treating chronic persistent pain with topical NSAIDs. The target tissue for most, but not all chronic persistent pain with an occupational basis is generally too deep for justification of use of topical NSAIDs. Topical NSAIDs are not invasive, have low adverse effects, are high cost for a typical treatment regimen, and are selectively recommended for treatment of conditions amenable to topical treatment who generally also have intolerance or other contraindication for oral NSAID use.

Evidence: There are high- and moderate-quality RCTs incorporated into this analysis. There are no quality studies evaluating topical NSAIDs for treatment of chronic persistent pain syndrome.

It has been brought to our attention that on occasion there has been some confusion in regards to prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the

treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

CC:

Kweller, Esq., Zachary: 06/03/2020

Castro, Mario : 06/03/2020 Castro, Mario : 06/04/2020 UR, Chubb : 06/04/2020

This visit note has been electronically signed off by Jamasbi, Babak J., M.D. on 06/01/2020

Pain and Rehabilitative Consultants Medical Group

06/04/2020 Telephone (510) 647-5101 • Fax (510) 647-5105 Date 1335 Stanford Avenue Emeryville, CA 94608 09/27/1978 Jonathan Shockley

12 sessions of Acupuncture for bilateral arms

1000 Sutter St Room 123

Address

San Francisco, CA 94109

M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm M70.832 Other soft tissue disorders related to use, overuse and pressure, left forearm M50.10 Cervical disc disorder with radiculopathy, unspecified cervical region

Mark Phillips, P.A. DEA#: MP0998558 / LIC#: PA17702 Babak Jamasbi, M.D.	DEA#: FZ3404477 / LIC#: A119704	M.D. DEA#: MC2432386 / LIC#: PA21642 Julia M. Fellows, P.AC DEA#: MF4602288 / LIC#: 55158
DEA#: BJ2563345 / LIC#: G70042	DEA#: FK5223172 / LIC#: A144608	Robert J. Estis, P.A.
Imomy Lo, M.D. DEA#: FF 0167001 // EC#: A 03520	L. John W. Alchemy, M.L.J. 1554 #- 204661360 / LICH- 55025	LEAM: WEU/20313 / LIUM: FA12013 Sessica Aikin, P.A.
	Susie Paik, P.AC	DEA#: MA4725353 / LIC#: \$1677 ☐ Shohreh Semati, FNP-BC
DEA#, BM3191133/LIC#, G74102	DEA#: MP1537856 / LIC#: PA19005	DEA#: MS3193264 / LIC#: 18520

12/28/2020

State of California, Division of Workers' Compensation REQUEST FOR AUTHORIZATION DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

		oyee faces an imminent a mation of a prior oral requ	nd serio		nange in Material Facts er health
Employee Informatio	n	3. (1.1.) (1.1.) (1.1.) (1.1.) (1.1.) (1.1.) (1.1.) (1.1.) (1.1.) (1.1.) (1.1.) (1.1.) (1.1.) (1.1.) (1.1.) (1.1.)			
Name (Last, First, Mide	dle): Shockley, Jo	nathan			
Date of Injury (MM/DD	/YYYY): 02/15/20 1	9	Date	of Birth (MM/DD/YY	YY): 09/27/1978
Claim Number: 040519008736			Emplo	oyer: Biotelemetry,	Inc
Requesting Physicial	n Information				
Name: Dr. Jamasbi, E	Babak J,				
Practice Name: PRCM	IG		Contac	t Name: Christian G	
Address: 1335 Stanfo	rd Ave		City: I	Emeryville	State: CA
Zip Code: 94608	Phone: 5 1	0-647-5101 ext 471	Fax N	lumber: 510-647-51	05
Specialty: Pain Manag	jement		NPI N	lumber: 137663719	9
E-mail Address:					
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Company Name: Chub	b Son of Federa	l Ins Company	Conta	ict Name: Castro, N	
Address: P.O. Box 42	2065		City: Phoenix State:AZ		
Zip Code: 85080	Phone: 2 1	13-612-5378	Fax N	lumber: 800-664- 17	65
E-mail Address:					
Requested Treatmen	t (see instruction	s for guidance; attache	d addit	ional pages if nece	essary)
of the attached medica	al report on which	vices, goods, or items in the requested treatment of eet if the space below is in	can be	found. Up to five (5)	e the specific page number(s) procedures may be entered;
Diagnosis (Required)	ICD-Code (Required)	Service/Good Reques (Required)	sted	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
disorder with radiculopathy, unspecified cervical	M70.832, M70.831, M70.822, M70.821, Z79.899, M50.10	to affected area daily G	o mes Apply TY: 1		
		Date of Visit: May 29, 202	:0		

Received 12/28/2020 cific Workers'

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☐ Approved ☐ Denied or Modified (See separate decision letter) ☐ Delay (S☐ Requested treatment has been previously denied ☐ Liability for treatment is				Delay (See	separate sputed (S	notification of delay) see separate letter)
Authorization Number (if assigned):				ate:		
Authorized Agent Name:			S	ignature:		
Phone:	Fax Nun	nber:	E	-mail Addr	ess:	
Comments:						

DWC Form RFA (Effective 2/2014)

Page 1

CC: UR Department (if applicable):213-612-5785 Applicant Attorney (if applicable):Zachary Kweller, Esq. 866-819-6169



Babak Jamasbi, MD | Brendan Morley, MD
Timothy Lo, MD | Arzhang Zereshki, MD | Neil Kamdar, MD | John Alchemy, MD

1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

Visit Note

Provider:

Supervising: Babak J, Jamasbi, M.D. Performing: Jessica Aikin, PA-C

Encounter Date: May 29, 2020

Patient: Shockley, Jonathan (PT00023609)

Sex: Male

DOB: Sep 27, 1978 Age: 41 Year Race: Unreported/Refused to Report

Address: 1000 Sutter St Room 123, San Francisco CA 94109 Pref. Phone(H):

415-312-4029

Primary Dr.: Babak Jamasbi, M.D.

Referred By: Babak Jamasbi, M.D.

Injury Date: 02/15/2019 Employer: Biotelemetry, Inc

Case Insurance: Chubb Son of Federal Ins Company

Claim No.: 040519008736

VISIT TYPE:

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:

Mr. Shockley was not physically able to come into the office today due to compliance with the current National Emergency guidelines for the COVID-19 pandemic; therefore, a telemedicine follow-up visit was done today. The nature of telehealth consultation was discussed with the patient, including the risks, benefits and alternatives. The patient had opportunity to ask questions about the information and those questions were answered. The patient verbalized understanding and agreed to this telehealth consultation.

SUBJECTIVE COMPLAINTS:

Patient is here to follow up on pain in his arms and bilateral hands.

Patient continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists up to his elbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". He has numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment.

Patient has recently completed 12 sessions of acupuncture treatment, with these sessions he reports a 30% reduction in pain complaints. This treatment allows him to be more active, and rely less on medications. He would be interested in continuing with this treatment.

With regard to medication, he continues with Lidocaine cream and voltaren gel as topical medications. He denies side effects with his medications. He does request for refills today.

OBJECTIVE FINDINGS:

Mental Status: The patient is awake, alert and fully oriented with normal speech and language. Appropriately conversant, pleasant, cooperates with exam.

Spine:

Upright spinal posture

Motor:

Patient is able to stand up from a chair unassisted.

Gait is narrow based and steady.

UE/LE muscle strength:

Bilateral upper and lower extremity strength appear intact on non-confrontational movement exam, without evidence for foot drop or other observable weakness. Normal bulk and tone. No atrophy noted.

Current Medications:

- 1. Lidocaine 5% Ointment Apply 2-3 grams to affected area up to 4 times daily
- 2. Voltaren 1% Gel Apply to affected area daily
- 3. Advil (OTC)
- 4. Aspirin Ec 81 Mg Tablet (OTC)

FORMAL REQUEST FOR AUTHORIZATION:

Surgical Consult (99205) Neck- with Dr. Paul Slosar.

12- bilateral arms sessions of acupuncture 97813, 97814, 97026, 97124.

This is a formal request for authorization of the medications within the "prescriptions" section of

this note.

DIAGNOSIS:

M50.10	Cervical disc disorder with radiculopathy, unspecified cervical region
M70.821	Other soft tissue disorders related to use, overuse and pressure, right upper arm
M70.822	Other soft tissue disorders related to use, overuse and pressure, left upper arm
M70.831	Other soft tissue disorders related to use, overuse and pressure, right forearm

TREATMENT PLAN:

Assessment:

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hands. He is not currently working. Massage therapy exacerbated his pain.

Plan:

- We will request for 12 additional sessions of acupuncture treatment based on functional improvement as discussed above.
- The patient did have a QME with Dr. Stoller on 1/23/20. Per Dr. Stoller, the patient is not yet MMI. He recommends an upper extremity EMG to asses his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy. This was completed on 2/10/20 with Dr. Bathia. We will request for her report.
- With regard to the cervical spine, MRI of the cervical spine from 4/3/20 shows a 4mm left disc osteophyte at C5-C6 causing severe bilateral neural foraminal stenosis as well as a left paracentral disc protrusion at C6-C7, mild central stenosis from C5-C7. The severe bilateral neural foraminal stenosis at C5-C6 may be attributing to right shoulder and deltoid pain. We discussed the possibility of CESI, the patient has thought about injections, and he has decided to defer at this time. He would be interested in a surgical consultation, we will request for this today with Dr. Paul Slosar.
- -With regard to medication, Voltaren gel and Lidocaine cream refilled today. The patient prefers topical medications at this time.

Follow up in 4-6 weeks.

WORK STATUS:

WORK STATUS: The patient is not permanent and stationary.

Work restrictions: Repetitive activities using upper extremities limited to 1 hour in an 8-hour shift. No lifting, pushing, or pulling greater than 5 pounds

JUSTIFICATION:

Lidocaine cream: The following has been recommended regarding Lidocaine in the ODG guidelines:

Lidocaine: Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. See Criteria for use below. Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-prurities. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. Indications: Recommended for localized pain that is consistent with a neuropathic etiology after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine patches are generally not recommended for non-neuropathic pain (including osteoarthritis or myofascial pain/trigger points). See Criteria for use below. Most studies have utilized the Neuropathic Pain Scale (NPS) as measure of neuropathy when there are questions of whether this is the cause of pain. There is limited information as to long-term efficacy and continued information as to outcomes should be provided to allow for on-going use. (Argoff, 2004) (Galer, 2004) (Argoff, 2006) (Dworkin, 2007) (Khaliq-2009) (Burch, 2004) (Gimbel, 2005) (Dworkin, 2003) (Finnerup, 2005) (O'Connor, 2009) Discussion about specific details of these studies are given in detail with references. Trigger points & myofascial pain: Not recommended. (Affaitati, 2009) (Dalpaiz, 2004) Ostcoarthritis of the knee: Not generally recommended unless a component of neuropathy is indicated using measures such as the Neuropathic Pain Scale. All current available studies were sponsored by the manufacturer of lidocaine patches and are non-controlled, and of short-term in duration. (Burch, 2004) (Kivitz, 2008) Axial back pain (including osteoarthritis): Not recommended unless neuropathy is suggested. Current studies as to use of Lidoderm patches for non-neuropathic low back pain are non-controlled, may or may not evaluate for the presence of neuropathic quality, have included multiple stages of pain (from acute to chronic), have included multiple diagnoses, show limited results in pain reduction, and are generally sponsored by the manufacturer. Acute groups have had better results than chronic pain patients, which may be attributed to natural recovery. (Gimbel, 2005) (Galer, 2004) (Argoff, 2004) The FDA has approved a Lidocaine/ tetracaine cream (Pliaglis®) for local analgesia. This is only indicated for superficial aesthetic procedures, such as dermal filler injection, pulsed dye laser therapy, facial laser resurfacing, and laser-assisted tattoo removal. (FDA, 2013).

Voltaren Gel: The following has been recommended regarding Voltaren gel in the MTUS/ACOEM guidelines

Topical NSAIDs are selectively recommended for treatment of chronic persistent pain where target tissue is superficially located.

Strength of Evidence – Recommended, Insufficient Evidence (I)

Level of Confidence - Low

Indications: Chronic persistent pain in a superficial area that is amenable to a topical agent. Should generally have intolerance of, or another indication against oral NSAID use.

Benefits: Improvement in pain and function. Avoidance of gastrointestinal adverse effects of some NSAIDs.

Harms: Irritation, allergy, having to use on skin that may interfere with some job performance needs

Frequency/Dose/Duration: Per manufacturer's recommendations

Indications for Discontinuation: Resolution, intolerance, adverse effects, or lack of benefits.

Rationale: There are no quality studies of treating chronic persistent pain with topical NSAIDs. The target tissue for most, but not all chronic persistent pain with an occupational basis is generally too deep for justification of use of topical NSAIDs. Topical NSAIDs are not invasive, have low adverse effects, are high cost for a typical treatment regimen, and are selectively recommended for treatment of conditions amenable to topical treatment who generally also have intolerance or other contraindication for oral NSAID use.

Evidence: There are high- and moderate-quality RCTs incorporated into this analysis. There are no quality studies evaluating topical NSAIDs for treatment of chronic persistent pain syndrome.

It has been brought to our attention that on occasion there has been some confusion in regards to prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the

treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

CC:

Kweller, Esq., Zachary: 06/03/2020

Castro, Mario: 06/03/2020

This visit note has been electronically signed off by Jamasbi, Babak J., M.D. on 06/01/2020

Rodriguez, Crystal

From: Hulbert, Barbara A <bhulbert@chubb.com>

Sent: Tuesday, May 26, 2020 3:24 PM

To: GM-ORCA-Chubb UR

Subject: FW: Express Scripts (SMG) Authorization Request: JONATHAN SHOCKLEY Client

Claim ID : 040519008736 DOI: 02/15/2019

Importance: High

Categories: RFA Deferral Letter - NEEDS TO BE COMPLETED

WARNING: This email originated from someone outside Corvel, Ceris or Symbeo. DO NOT click links or open attachments unless you recognize the sender's email address and know the content is safe.

The original sender of this email is: bhulbert@chubb.com

RE E script request for PENNSAID, please send Notice of Deferral letter to prescriber no RFA or medical report received re medication request

Thank you Barb

CHUSS

Barbara Hulbert RN, CCM

Medication Management Specialist

Western Territory, Workers Compensation Claims PO Box 42065, Phoenix AZ 85027, USA O 414 221 7610 F 800 664 1765 E bhulbert@chubb.com

Chubb, Insured."

From: Rauen, Mary Beth

Sent: Thursday, May 21, 2020 6:53 AM

To: Hulbert, Barbara A <bhulbert@chubb.com>

Subject: FW: Express Scripts (SMG) Authorization Request: JONATHAN SHOCKLEY Client Claim ID: 040519008736 DOI:

02/15/2019

From: Turner, Shanovia S. (STL) [mailto:STurner4@express-scripts.com]

Sent: Thursday, May 21, 2020 4:55 AM

To: Rauen, Mary Beth <mrauen@chubb.com>

Cc: WCMP PA Folder < WCMPPAFolder@express-scripts.com >

Subject: [EXTERNAL] Express Scripts (SMG) Authorization Request: JONATHAN SHOCKLEY Client Claim ID:

040519008736 DOI: 02/15/2019

Hello.

The pharmacy is attempting to process a prescription(s) for the below claimant. We need your authorization before proceeding with adjudication:

The prescription is rejecting for the following reason(s):

IW Name & PRN : JONATHAN SHOCKLEY XXXXX7160

Client Claim ID : 040519008736

DOI: 02/15/2019

Elig Status/Term Date: A 00/00/0000 Group: 1359

Reject Codes : 70 75

DRUG NOT ON FORMULARY

PHARMACY INFORMATION

Pharmacy Name

: WALGREENS #13666

NABP#

: 563367

Address

: 1300 BUSH ST

City, State & zip : SAN FRANCISCO, CA 94109

Phone #

: 415-771-3303

RX REQUEST

Date Service/Written: 05/20/2020 05/20/2020

Medication

: PENNSAID

Strength: 20MG/G(2%)

Type of medication: NSAI AGENTS

Drug Type: SSB

Quantity

NDC#

112,000

Refills: 00 Compound: N

Day's Supply

Route Desc: TOPICAL

: 15 AWP: 26.65089

GC3: Q5E

Prescriber DEA/NPI: FA6364551 1770970055 MED INDV: 0 CUM:

: 75987004005 GCN: 35936

Name/Phone: KWON, MELISSA A (MD)

415-600-0140

Please respond by clicking "Reply to All" as soon as possible. If you have any questions, please contact myMatrixx at 1-800-945-5951.

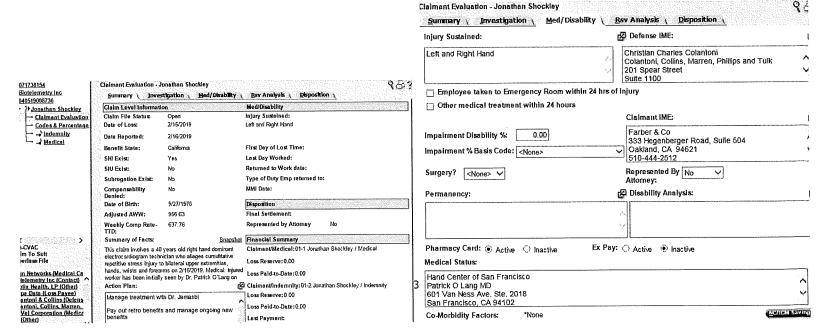
Thank you,

myMatrixx®, an Express Scripts company

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immediately and delete all copies from your computer system without reading, saving, printing, forwarding or using it in any manner. Although it has been checked for viruses and other malicious software ("malware"), we do not warrant, represent or guarantee in any way that this communication is free of malware or potentially damaging defects. All liability for any actual or alleged loss, damage, or injury arising out of or resulting in any way from the receipt, opening or use of this email is expressly disclaimed.



Rodriguez, Crystal

From:

Rauen, Mary Beth <mrauen@chubb.com>

Sent:

Tuesday, April 28, 2020 8:43 AM

To:

GM-ORCA-Chubb UR

Subject:

Send deferral letter for no RFA (Notice of Deferred RFA letter) - 040519008736

Jonathan Shockley

Categories:

RFA Deferral Letter - NEEDS TO BE COMPLETED

WARNING: This email originated from someone outside Corvel, Ceris or Symboo. DO NOT click links or open attachments unless you recognize the sender's email address and know the content is safe.

The original sender of this email is: mrauen@chubb.com

Please send deferral letter for no RFA (Notice of Deferred RFA letter) for medication listed below

=

Claim #040519008736 Jonathan Shockley; Auth ID: 210053148 California Jurisdiction; Fill date: 4-24-2020 Retail; # of refills: 0

Lidocaine 5% / Rx #: 000000525543

Generic Available NDC: 51672302002

DAW: 0

Qty: 60 / 30-day supply Date Written: 04/24/20 Individual MED: 0 Cumulative MED: 0

Prescriber: JESSICA AIKIN Phone: (650) 723-6469 DEA: MA3224069 NPI: 1033524384

Pharmacy: WALGREENS #13666

State: CA

Phone: (415) 771-3303 Fax: (415) 771-0113

CHUBB'

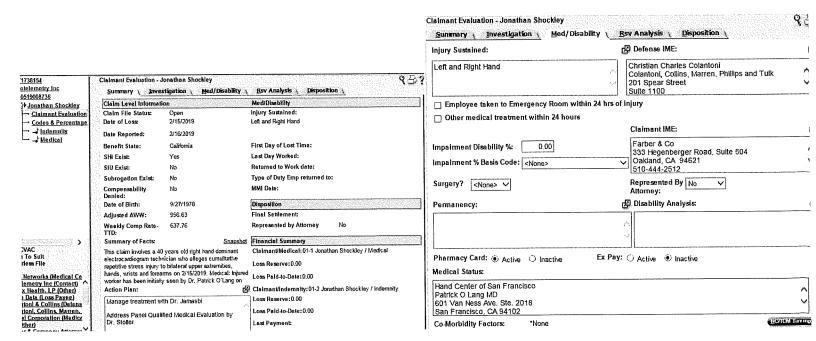
Regards,
Mary Beth Rauen, RN - MMS
Medication Management Specialist, Claims

Worker Compensation, Western Claim Service Center P.O. Box 42065, Phoenix, AZ 85027, USA O: 312-529-6792 F. 800-664-1765 E: mrauen@chubb.com

ACE and Chubb are now one.

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☐ Resubmission – Change in Material Facts

State of California, Division of Workers' Compensation REQUEST FOR AUTHORIZATION DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

☐ Expedited Review: Check box if employee faces an imminent and serious threat to his or her health

 \square Check box if request is a written confirmation of a prior oral request.

■ New Request

Employee Information	an		n in access		
Name (Last, First, Mic	ddle): Shockley, J	onathan			
Date of Injury (MM/DI	D/YYYY): 02/15/20	19	Date	of Birth (MM/DD/Y)	(YY): 09/27/1978
Claim Number: 04051	9008736		 	loyer: Biotelemetry	
Requesting Physicia	ın İnformation			,	
Name: Dr. Jamasbi,	Babak J,				
Practice Name: PRC	/IG		Conta	ct Name:Lyka for C	hristian
Address: 1335 Stanfo	ord Ave		City:	Emeryville	State: CA
Zip Code: 94608	Phone: 5	10-647-5101 ext 471	Fax I	Number: 510-647-5 1	105
Specialty: Pain Mana	gement		NPI	Number: 137663719	9
E-mail Address:					
Claims Administrato	r Information				Alexandra de la companya de la comp Notación de la companya de la compa
Company Name: Chul	b Son of Federa	al ins Company	Conta	act Name: Castro, I	Mario
Address: P.O. Box 42	2065		City:	Phoenix	State: AZ
Zip Code: 85080	Phone: 2	13-612-5378	Fax N	Number: 800-664-17	'65
E-mail Address:					
Requested Treatmen	it (see instruction	ns for guidance; attache	tibbs k	ional pages if nece	ssary)
or the attached medical	al report on which	the requested treatment of the space below is in	an be	found. Up to five (5)	e the specific page number(s) procedures may be entered;
Diagnosis (Required)	ICD-Code (Required)	Service/Good Reques (Required)	ted	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
disorders related to use, overuse and pressure, left forearm	Z79.899	1 Voltaren 1% Gel SIG: to affected area daily Q 1.00 REF: 1 2 Lidocaine 5% Ointmel SIG: Apply 2-3 grams to affected area up to 4 tin daily QTY: 60.00	TY:		
		Date 01 VISIT: Apr 24, 2020			
				Í	

Received 12/28/2020 Pacific Workers'

			I acine voncis	
Treatment to be paid under the CA OM	IFS.			
Peer to Peer calls: Mon-Fri 3:30pm -5	pm PT. Please call (510) 647-5101 x0			
			Date: 04/27/2020 at 04:30 PM(PT)	
Requesting Physician Signature: Claims Administrator/Utilization Review Organization (URO) Response Approved Denied or Modified (See separate decision letter) Delay (See separate notification of delay) Requested treatment has been previously denied Liability for treatment is disputed (See separate letter)				
Claims Administrator/Utilizat	ion Review Organization (URO) Res	ponse		
☐ Approved ☐ Denied or M	odified (See separate decision letter)	□ Delay (See sep	arate notification of delay)	
			ted (See separate letter)	
Authorization Number (if assign	ned):	Date:		
Authorized Agent Name:		Signature:		
Phone:	Fax Number:	E-mail Address:		
Comments:				

DWC Form RFA (Effective 2/2014)

Page 1

CC:

UR Department (if applicable):213-612-5785
Applicant Attorney (if applicable):Zachary Kweller, Esq. 866-819-6169



Babak Jamasbi, MD | Brendan Morley, MD | Timothy Lo, MD | Arzhang Zereshki, MD | Neil Kamdar, MD | John Alchemy, MD

1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

Visit Note

Provider:

Supervising: Babak J, Jamasbi, M.D. Performing: Jessica Aikin, PA-C

Encounter Date: Apr 24, 2020

Patient: Shockley, Jonathan (PT00023609)

Sex: Male

DOB: Sep 27, 1978 Age: 41 Year Race: Unreported/Refused to Report

Address: 1000 Sutter St Room 123, San Francisco CA 94109 Pref. Phone(H):

415-312-4029

Primary Dr.: Babak Jamasbi, M.D.

Referred By: Babak Jamashi, M.D.

Injury Date: 02/15/2019 Employer: Biotelemetry, Inc.

Case Insurance: Chubb Son of Federal Ins Company

Claim No.: 040519008736

VISIT TYPE:

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:

Mr. Shockley was not physically able to come into the office today due to compliance with the current National Emergency guidelines for the COVID-19 pandemic; therefore, a telemedicine follow-up visit was done today. The nature of telehealth consultation was discussed with the patient, including the risks, benefits and alternatives. The patient had opportunity to ask questions about the information and those questions were answered. The patient verbalized understanding and agreed to this telehealth consultation.

SUBJECTIVE COMPLAINTS:

Patient is here to follow up on pain in his bilateral hands.

Patient continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists up to his elbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". he continues to report numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment.

He was approved for acupuncture treatment, he has had around 3 sessions so far.

He had a cervical MRI, we do have this for review. EMG was done at his QME evaluation, we do not have this report.

With regard to medications, he does report improvement with topical medications. He denies side effects with Lidocaine cream and voltaren gel. He requests for refills today.

Medical History:

PAST MEDICAL HISTORY

- 1. Bronchitis 2 years ago.
- 2. Eczema.
- 3. He had an episode of epilepsy and took Tegretol at age 10 or 11.
- 4. History of anxiety. He was taking Hydroxyzine but now does not take medication and just meditates.

PAST SURGICAL IIISTORY

- 1. Adenoidectomy in 1987.
- 2. Lasik surgery in 2000.
- 3. Sympathectomy in 2000.
- 4. Right big toe bone spur removal in 2000.
- 5. Right Achilles tendon debridement in 2002.
- 6. Right Achilles tendon debridement in 2003.

Social History:

PSYCH/SOCIAL HISTORY

The patient does not smoke cigarettes.

The patient does not drink alcoholic beverages.

The patient does not use illicit drugs.

The patient is not married.

The patient has a significant other.

The patient has no children.

Patient does not have a family history of childhood abuse.

Patient does not have a family history of sexual abuse.

Epworth Scale is 0. The patient goes to bed, falls asleep and wakes up at variable times. The patient feels he gets adequate rest.

OBJECTIVE FINDINGS:

Mental Status: The patient is awake, alert and fully oriented with normal speech and language. Appropriately conversant, pleasant, cooperates with exam.

Spine:

Upright spinal posture

Motor:

Patient is able to stand up from a chair unassisted.

Gait is narrow based and steady.

UE/LE muscle strength:

Bilateral upper and lower extremity strength appear intact on non-confrontational movement exam, without evidence for foot drop or other observable weakness. Normal bulk and tone, No atrophy noted.

Current Medications:

- 1. Lidocaine 5% Ointment Apply 2-3 grams to affected area up to 4 times daily
- 2. Advil (OTC)
- 3. Aspirin Ec 81 Mg Tablet (OTC)

FORMAL REQUEST FOR AUTHORIZATION:

This is a formal request for authorization of the medications within the "prescriptions" section of this note.

DIAGNOSIS:

M70.832	Other soft tissue disorders related to use, overuse and pressure, left forearm
	Other soft tissue disorders related to use, overuse and pressure, right forearm
M70.822	Other soft tissue disorders related to use, overuse and pressure, left upper arm
M70.821	Other soft tissue disorders related to use, overuse and pressure, right upper arm

PRESCRIPTION:

- 1 Voltaren 1% Gel SIG: Apply to affected area daily QTY: 1.00. REF: 1
- **2 Lidocaine 5% Ointment** SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 60.00.

TREATMENT PLAN:

Assessment:

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hands. He is not currently working.

Plan:

- He has been approved for additional acupuncture therapy, he has had around 3 session so far. He has discontinued massage therapy due to increased in pain.
- The patient did have a QME with Dr. Stoller on 1/23/20. Per Dr. Stoller, the patient is not yet MMI. He recommends an upper extremity EMG to asses his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy. The patient states that he did have the upper extremity EMG at that evaluation, we will work on obtaining a copy of this report.
- MRI of the cervical spine from 4/3/20 was reviewed today with the patient. This shows a 4mm left disc osteophyte at C5-C6 causing severe bilateral neural foraminal stenosis as well as a left paracentral disc protrusion at C6-C7, mild central stenosis from C5-C7. The severe bilateral NF stenosis at C5-C6 may be attributing to right shoulder and deltoid pain. We discussed the possibility of CESI, the patient will take some time to think about this and we will consider requesting at subsequent follow up visits.
- -With regard to medication, we have prescribed Voltaren gel and 5% lidocaine ointment. Will consider trial of neuropathic medications in the future, the patient prefers topical medications at this time.

Follow up in 4-6 weeks.

100% of the visit was spent in counseling and coordination of care. As such, time spent with the patient should be the guiding determinant in determining the level of evaluation and management services. Fifteen minutes were spent in direct contact via telemedicine with the patient.

WORK STATUS:

WORK STATUS: The patient is not permanent and stationary.

Work restrictions: Repetitive activities using upper extremities limited to 1 hour in an 8-hour shift. No lifting, pushing, or pulling greater than 5 pounds

TIME SPENT:

Greater than 50% of the visit was spent in counseling and coordination of care. As such, time spent with the patient should be the guiding determinant in determining the level of evaluation and management services. 15 minutes were spent in direct contact via telemedicine with the patient. "I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under

penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend of accounts or other consideration, whether in the form of money or otherwise, or compensation or inducement for any referred evaluation or examination."

Please consider the treatment plan as a formal request for preauthorization services described therein. In the event that the written denial, authorization or notice of delay is not received by our office within 7 business days with a description of the review by a qualified physician with training in pain management and/or physical medicine and rehabilitation expertise (as per the dictates of the California Code of Regulation 9792.6) we will assume de facto authorization.

If prior pre-authorization has been requested in an earlier report or therapeutic plan, please consider the date of the prior request as applicable for the purposes of the formal date of request. *Dr. Morley and Dr. Jamasbi hold a financial interest in Bay Surgery Center. The Northern California Functional Restoration Program is an integral part of Pain and Rehabilitative Consultants Medical Group.

JUSTIFICATION:

Lidocaine cream: The following has been recommended regarding Lidocaine in the ODG guidelines:

Lidocaine: Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. See Criteria for use below. Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-prurities. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. Indications: Recommended for localized pain that is consistent with a neuropathic etiology after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine patches are generally not recommended for non-neuropathic pain (including osteoarthritis or myofascial pain/trigger points). See Criteria for use below. Most studies have utilized the Neuropathic Pain Scale (NPS) as measure of neuropathy when there are questions of whether this is the cause of pain. There is limited information as to long-term efficacy and continued information as to outcomes should be provided to allow for on-going use. (Argoff, 2004) (Galer, 2004) (Argoff, 2006) (Dworkin, 2007) (Khaliq-2009) (Burch, 2004) (Gimbel, 2005) (Dworkin, 2003) (Finnerup,

2005) (O'Connor, 2009) Discussion about specific details of these studies are given in detail with references. Trigger points & myofascial pain: Not recommended. (Affaitati, 2009) (Dalpaiz, 2004) Osteoarthritis of the knee: Not generally recommended unless a component of neuropathy is indicated using measures such as the Neuropathic Pain Scale. All current available studies were sponsored by the manufacturer of lidocaine patches and are non-controlled, and of short-term in duration. (Burch, 2004) (Kivitz, 2008) Axial back pain (including osteoarthritis): Not recommended unless neuropathy is suggested. Current studies as to use of Lidoderm patches for non-neuropathic low back pain are non-controlled, may or may not evaluate for the presence of neuropathic quality, have included multiple stages of pain (from acute to chronic), have included multiple diagnoses, show limited results in pain reduction, and are generally sponsored by the manufacturer. Acute groups have had better results than chronic pain patients, which may be attributed to natural recovery. (Gimbel, 2005) (Galer, 2004) (Argoff, 2004) The FDA has approved a Lidocaine/ tetracaine cream (Pliaglis®) for local analgesia. This is only indicated for superficial aesthetic procedures, such as dermal filler injection, pulsed dye laser therapy, facial laser resurfacing, and laser-assisted tattoo removal. (FDA, 2013).

Voltaren Gel: The following has been recommended regarding Voltaren gel in the MTUS/ACOEM guidelines

Topical NSAIDs are selectively recommended for treatment of chronic persistent pain where target tissue is superficially located.

Strength of Evidence – Recommended, Insufficient Evidence (I)

Level of Confidence – Low

Indications: Chronic persistent pain in a superficial area that is amenable to a topical agent. Should generally have intolerance of, or another indication against oral NSAID use.

Benefits: Improvement in pain and function. Avoidance of gastrointestinal adverse effects of some NSAIDs.

Harms: Irritation, allergy, having to use on skin that may interfere with some job performance needs

Frequency/Dose/Duration: Per manufacturer's recommendations

Indications for Discontinuation: Resolution, intolerance, adverse effects, or lack of benefits.

Rationale: There are no quality studies of treating chronic persistent pain with topical NSAIDs. The target tissue for most, but not all chronic persistent pain with an occupational basis is generally too deep for justification of use of topical NSAIDs. Topical NSAIDs are not invasive, have low adverse effects, are high cost for a typical treatment regimen, and are selectively recommended for treatment of conditions amenable to topical treatment who generally also have intolerance or other contraindication for oral NSAID use.

Evidence: There are high- and moderate-quality RCTs incorporated into this analysis. There are no quality studies evaluating topical NSAIDs for treatment of chronic persistent pain syndrome.

It has been brought to our attention that on occasion there has been some confusion in regards to prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

CC:

Kweller, Esq., Zachary: 04/27/2020

Castro, Mario: 04/27/2020

This visit note has been electronically signed off by Jamasbi, Babak J., M.D. on 04/27/2020



CLAIM #:

040519008736

INSURED:

Biotelemetry, Inc. / Chubb & Son (WC) - Los

Angeles, CA

DOI:

02/15/2019

CARRIER/TPA:

Chubb & Son (WC) - Los Angeles, CA /

CLAIMANT:

Jonathan Shockley

ADJUSTER:

Mario Castro

CORVEL#:

139249073-UMO-25

Determination Date:

07/21/2020

RFA Received Date:

07/14/2020

Provider:

Babak Jamasbi, MD

Pre-cert #:

139249073-UMO-25

CorVel Corporation has been asked to review the below noted treatment request for medical necessity and appropriateness. After careful review of the submitted medical information, our Physician Advisor, David Hoenig, M.D., CA #A82847, who is board certified in Pain Medicine, Neurology and Brain Injury Medicine, was unable to recommend the requested treatment. The non-certification decision was made on 07/21/2020.

THERAPY	ГНЕКАРУ											
Determination	Type of Therapy	Total # Visits	Total Visits/ Week	Total Weeks	Body Part	СРТ	Effective Date	Termination Date	Facility	Provider		
Requested	Acupuncture	12			Left - Hand, Left - Lower Arm, Left - Wrist, Right - Hand, Right - Lower Arm, Right - Wrist	97813, 97814, 97026, 97124						
Non-Certified	Acupuncture	12			Left - Hand, Left - Lower Arm, Left - Wrist, Right - Hand, Right - Lower Arm, Right - Wrist	97813, 97814, 97026, 97124	7/21/20	7/21/21				

Guidelines used in the determination process:

ACOEM, Chronic Pain, effective May 15, 2017



The clinical reasons regarding medical necessity, or lack of medical necessity, for non-certification are attached.

Please note the utilization review process is mandatory and has been done in accordance with California Labor Code §4610. The Medical Treatment Utilization Schedule has been utilized in the determination process, as required in Title 8, California Code of Regulation 9792.6.1.

Any dispute shall be resolved in accordance with the independent medical review provisions of Labor Code section 4610.5 and 4610.6. An objection to the utilization review decision must be communicated by the injured worker, the injured workers representative, or the injured workers attorney on behalf of the injured worker on the enclosed Application for Independent Medical Review, DWC Form IMR, within 30-calendar days of receipt of this decision.

You have the right to disagree with the decision affecting your claim. If you have any question about the information in this notice, please call your adjuster, Mario Castro, at (213) 612-0880. However if you are represented by an attorney, please contact your attorney instead of your adjuster.

For information about the workers' compensation claims process and your rights and obligations, go to www.dwc.ca.gov or contact an information and assistance (I&A) officer of the state Division of Workers' Compensation. For recorded information and a list of offices, call toll-free 1-800-736-7401.

The appeals process is on a voluntary basis. Should the requesting medical provider wish to appeal the non-certification or modification decision, and/or have additional pertinent medical information which has not previously been submitted for review. You may submit a request for appeal to CorVel Corporation or the claims administrator, You may include any additional clinical information if you have any. This will be reviewed by a different reviewing physician. Requests for appeal need to be sent to CorVel Corporation or the claims administrator within ten (10) days after the receipt of the utilization review decision. A response to your appeal will be rendered within thirty (30) days after receipt of the request. Requests for appeal do not replace the objection process noted above and are voluntary.

In accordance with regulation section 9792.1(e)(5)(K), if the requesting physician wishes to speak to the reviewing physician regarding this determination, you can call (714)385-8500 to arrange an agreed upon scheduled time between the hours of 8:30a.m. to 5:30p.m. Monday through Friday (PST). Should the reviewing physician be unable to speak with you, another reviewer who is competent to evaluate the specific clinical issues involved in the medical treatment services will be made available.

Sincerely,

Ann Collier, RN Utilization Management Department

cc: Office Copy

Mario Castro



Jonathan Shockley

Farber & Co

Christian Charles Colantoni

NOTE

Please attach a copy of this recommendation letter with your bill; otherwise, payment may be delayed.

State of California, Division of Workers' Compensation

APPLICATION FOR INDEPENDENT MEDICAL REVIEW

DWC Form IMR

TO REQUEST INDEPENDENT MEDICAL REVIEW:

- 1. Sign and date this application and consent to obtain medical records.
- Mail or fax the application <u>and</u> a copy of the written decision you received that denied or modified the medical treatment requested by your physician to:
 DWC-IMR, c/o Maximus Federal Services, Inc., P.O. Box 138009, Sacramento, CA 95813-8009 FAX # (916) 605-4270

3. Mail or fax a copy of the signed application to your Claims Administrator.

Type of Utilization Review: 🔀 Regular 🔲 Expedited	Modification after appeal
Employee Name (First, MI, Last): Jonathan Shockley	
Address: 1000 Sutter St. San Francisco, CA 94109	
Phone Number: (415) 312-4029	Employer: Biotelemetry, Inc.
Claim Number: 040519008736	Date of Injury (MM/DD/YYYY): 02/15/2019
WCIS Jurisdictional Claim Number (if assigned): 20190221152954750873	EAMS Case Number (if applicable):ADJ12031731
Employee Attorney (if known): Farber & Co	
Address: 333 Hegenberger Road #504 Oakland, CA 94621	
Phone Number:	Fax Number:
Requesting Physician Name (First, MI, Last): Babak Jamasbi, MD	
Practice Name: PRCMG	Specialty: Pain Management
Address: 1335 Stanford Ave. Emeryville, CA 94608	
Phone Number: (510) 647-5101	Fax Number: (510) 847-5105
Claims Administrator Name: Chubb & Son (WC) - Los Angeles, CA	4/
Adjuster/Contact Name: Mario Castro	The state of the s
Address: PO Box 30850 Los Angeles, CA 90030 90030	
Phone Number: (213) 612-0880	Fax Number:
Disputed Medical Treatment (Complete below section)	
Primary Diagnosis (Use ICD Code where Practical): M70.832	
Date of Utilization Review Determination Letter: 07/21/2020	
Is the Claims Administrator disputing liability for the requested	medical treatment besides the question of medical
necessity? Yes No Reason:	
List each specific requested medical services, goods, or items th	nat were denied or modified in the space below. Use
additional pages if the space below is insufficient.	
1. 12 sessions of acupuncture for the bilateral hands, wrist	s, and forearms
Request for Review and Consent to Obtain Medical Records	
I request an independent medical review of the above-described requ	nested medical treatment. I certify that I have sent a copy of this
application to the claims administrator named above. I allow my hea	Ith care providers and claims administrator to furnish medical
records and information relevant for review of the disputed treatmen organization designated by the Administrative Director of the Division	t identified on this form to the independent medical review
medical, diagnostic imaging reports, and other records related to my	case. These records may also include non-medical reports and
any other information related to my case, excepting records regarding	g HIV status, unless infection with or exposure to HIV is claimed
as my work injury. My permission will end one year from the date b	elow, except as allowed by law. I can end my permission sooner
if I wish.	
Employee Signature:	Date:

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR INDEPENDENT MEDICAL REVIEW FORM

If your workers compensation claims administrator sent you a written determination letter that denied or modified a request for medical treatment made by your treating physician, you can request, at no cost to you, an Independent Medical Review (IMR) of the medical treatment request by a physician who is not connected to your claims administrator. If the IMR is decided in your favor, your claims administrator must give you the service or treatment your physician requested.

IF YOU DECIDE NOT TO PARTICIPATE IN THE IMR PROCESS YOU MAY LOSE YOUR RIGHT TO CHALLENGE THE DENIAL, DELAY, OR MODIFICATION OF MEDICAL TREATMENT REFERRED TO ON PAGE ONE OF THE APPLICATION FOR INDEPENDENT MEDICAL REVIEW.

You can request independent medical review by signing and submitting this form with a copy of the written determination letter that denied or modified the medical treatment requested by your physician. You must also send a copy of the signed application to your claims administrator.

- The information on the form was filled in by your claims administrator. If you believe that any of the information is incorrect, submit a separate sheet that provides the correct information.
- If you wish to have your attorney, treating physician, parent, guardian, relative, or other person act on your behalf in filing this application, complete the attached authorized representative designation form and return it with your application. This person may sign the application or you and submit documents on your behalf.
- If the recommended medical treatment that was denied or modified must be provided to you immediately because you are facing an imminent and serious threat to your health and your claims administrator did not perform an expedited or rushed review on your physician's request, this application **must** be submitted with a statement from your physician, supported by medical records, that confirms your condition.
- Mail or fax the application and a copy of the utilization review decision to:

DWC-IMR, c/o Maximus Federal Services, Inc. P.O. Box 138009, Sacramento, CA 95813-8009 FAX Number: (916) 605-4270

- Your IMR application, along with a copy of the written determination letter, must be received by Maximus Federal Services, Inc. within thirty-five (35) days from the mailing date of the written determination letter informing you that the medical treatment requested by your treating physician was denied or modified.
- Send a copy of the signed application to your Claims Administrator. You do not need to include a copy of the written determination letter.

Your Right to Provide Information

You have the right to submit either directly or through your treating physician, information to support the requested medical treatment. Such information may include:

- Your treating physician's recommendation that the requested medical treatment is medically necessary for your medical condition.
- Reasonable information and documents showing that the recommended medical treatment is or was medically necessary, including all documents or records provided by your treating physician or any additional material you believe is relevant.
- Evidence that the medical guidelines relied upon to deny or modify your physicians requested medical treatment does not apply to your condition or is scientifically incorrect.
- If the medical treatment was provided on an urgent care or emergency basis, information or justification that the requested medical treatment was medically necessary for your medical condition.

If you have any questions regarding the IMR process, you can obtain free information from a Division of Workers' Compensation (DWC) information and assistance officer or you can hear recorded information and a list of local offices by calling toll-free I -800-736-7401. You may also go to the DWC website at www.dwc.ca.gov.DWC Form IMR (Effective 2/2014)

DWC Form IMR (Effective 2/2014 Page 2

Authorized Representative Designation for Independent Medical Review (To accompany the Application for Independent Medical Review, DWC Form IMR)

To be completed by the Employee:

Section I.

Employee Name (Print):	
I wish to designate	
Name of Individual (Print):	
any notice or request in cont behalf. I further authorize Organization designated by t individual on my behalf regard to designate anyone that I wi time by notifying the Divisi	my Application for Independent Medical Review. I authorize this individual to receive nection with my appeal, and to provide medical records or other information on my the Division of Workers' Compensation, and the Independent Medical Review the Division of Workers' Compensation to review my application, to speak to this ding my Application for Independent Medical Review. I understand that I have the right ish to be my authorized representative and that I may revoke this designation at any ion of Workers' Compensation or the Independent Medical Review Organization Workers' Compensation to review my application.
providers and claims administreatment to the independent Workers' Compensation. These to my case. These records mallow the independent review information sent by my claim	trator to furnish medical records and information relevant for review of the disputed nt review organization designated by the Administrative Director of the Division of se records may include medical, diagnostic imaging reports, and other records related any also include non-medical records and any other information related to my case. It worganization designated by the Administrative Director to review these records and any administrators and treating physicians. My permission will end one year from the deby law I cart end my permission sooner if I wish.
Employee Signature:	Date:
groups may represent the Em I accept the above designat Application for Independent	ed by the Authorized Representative designated above. Law firms, organizations, and apployee, but an individual must be designated to act on the Employee's behalf. ion to act as the above-named Employee's authorized representative regarding their Medical Review. I understand that the Employee may revoke this authorization at any ividual to be their authorized representative.

City:	State:		Zip Code:
Phone Number:		Fax Number:	
State Bar Number (if applicable):			
Representative Signature:			Date:

DWC Form IMR (Effective 2/2014)



An ExamWorks Company

FILE TYPE:

Prospective

REFERRED BY:

Ann Collier

NAME:

Jonathan Shockley

CASE #:

040519008736

EMPLOYER:

Biotelemetry, Inc.

DOI:

2/15/2019

REVIEW TYPE:

Prospective

NMR #:

STATE JURISDICTION:

365224

CA

DATE:

7/21/2020

TELECONFERENCE #1:

1) AP NAME: Babak Jamasbi MD

2) (510) 647-5101

3) DATE: 7/20/2020

4) TIME: 2:50 PM PDT

5) PERSON SPOKEN WITH: Voicemail

6) POSITION OF PERSON SPOKEN WITH: Voicemail

SUMMARY OF CONVERSATION: I left a message with the patient information and return call number for the doctor to call me back regarding the patient.

TELECONFERENCE #2:

- 1) AP NAME: Babak Jamasbi MD
- 2) (510) 647-5101
- 3) DATE: 7/21/2020
- 4) TIME: 8:00 AM PDT
- 5) PERSON SPOKEN WITH: Voicemail
- 6) POSITION OF PERSON SPOKEN WITH: Voicemail

SUMMARY OF CONVERSATION: I left a message with the patient information and return call number for the doctor to call me back regarding the patient.

MEDICAL RECORDS:

PROGRESS NOTES	Pain & Rehabilitative Consultants Medical Group	07/10/20-07/14/20
UR HISTORY REPORT		07/17/20 +Undated
MISC		07/14/20-07/20/20 +Undated

RE: Jonathan Shockley Page 2

CLINICAL SUMMARY: On 7/10/2020, the patient sees Jessica Aiken, PA-C. Date of reported injury is 2/15/2015. The patient has bilateral arm and hand pain. Pain is better with conservative treatment. The patient had acupuncture with up to 20% pain reduction. The patient is taking medications. On exam, there is no abnormal pathology. It is a telemedicine visit. Plan is for medication and acupuncture.

All available medical documentation was reviewed.

Requested Treatment:

Determination:

Is 12 sessions of acupuncture for the bilateral hands, wrists, and Not Certified forearms medically necessary?

IN ANSWER TO YOUR SPECIFIC QUESTIONS:

Is 12 sessions of acupuncture for the bilateral hands, wrists, and forearms medically necessary?

ASSESSMENT: Not Certified

EXPLANATION FOR ASSESSMENT: Per MTUS, "Indications: Chronic persistent pain, especially torso pain. Patients should have had NSAIDs and/or acetaminophen, stretching and aerobic exercise instituted and have insufficient results. Acupuncture may be considered as a treatment for chronic persistent pain as a limited course during which time there are clear objective and functional goals to be achieved. Consideration is for time-limited use in patients with chronic persistent pain without underlying serious pathology as an adjunct to a conditioning program that has both graded aerobic exercise and strengthening exercises." Based on the documentation provided, the ACOEM, Chronic Pain, effective May 15, 2017, is not satisfied. In particular, there is no documentation of significant functional improvement with prior acupuncture. Therefore, this request is not certified. is not certified.

REFERENCES UTILIZED:

ACOEM, Chronic Pain, effective May 15, 2017 Acupuncture for Chronic Persistent Pain

Recommended.

Acupuncture is recommended to treat chronic persistent pain. (See other guidelines for specific disorders, especially for low back pain.)

Strength of Evidence Recommended, Insufficient Evidence (I)

Level of Confidence Low

Indications: Chronic persistent pain, especially torso pain. Patients should have had NSAIDs and/or acetaminophen, stretching and aerobic exercise instituted and have insufficient results. Acupuncture may be considered as a treatment for chronic persistent pain as a limited course during which time there are clear objective and functional goals to be achieved. Consideration is for time-limited use in patients with chronic persistent pain without underlying serious pathology as an adjunct to a conditioning program that has both graded aerobic exercise and strengthening exercises. Acupuncture is only recommended to assist in increasing functional activity levels more rapidly and the primary attention should remain on the conditioning program. In those not involved in a conditioning program, or who are non-compliant with graded increases in activity levels, this intervention is not recommended.

Benefits: Potential to improve pain control and advance functional exercises and conditioning.

NMR #: 365224

RE: Jonathan Shockley Page 3

Harms: Negligible in experienced hands. Pneumothoraces have occurred and puncture of other internal organs has occurred.

Frequency/Dose/Duration: Evidence does not support specific Chinese meridian approaches, as needling the affected area appears sufficient. Patterns used in quality studies ranging from weekly for a month to 20 appointments over 6 months. However, the norm is generally no more than 8 to 12 sessions. An initial trial of 5 to 6 appointments is recommended in combination with a conditioning program of aerobic and strengthening exercises. Future appointments should be tied to improvements in objective measures and would justify an additional 6 sessions, for a total of 12 sessions.

Indications for Discontinuation: Lack of improvement, lack of compliance with exercises, lack of incremental functional gain at the end of a treatment course, intolerance.

Conflict of Interest Attestation:

I certify that I do not accept compensation for review activities that is dependent in any way on the specific outcome of the case. To the best of my knowledge, I was not involved with the specific episode of care prior to referral of the case for review. I do not have a material professional, familial, or financial conflict of interest (financial conflict of interest is defined as ownership interest of greater than 5%) regarding any of the following: the referring entity; the insurance issuer or group health plan that is the subject of the review the covered person whose treatment is the subject of the review and the covered person's authorized representative, if applicable; any officer, director or management employee of the insurance issuer that is the subject of the review; any group health plan administrator, plan fiduciary, or plan employee; the health care provider, the health care provider's medical group or independent practice association recommending the health care service or treatment that is the subject of the review; the facility at which the recommended health care service or treatment would be provided; or the developer or manufacturer of the principle drug, device, procedure or other therapy being recommended for the covered person whose treatment is the subject of the review.

This attestation certifies that the peer reviewer named below has the appropriate scope of licensure or certification that typically manages the medical condition, procedure, treatment, or issue under review and has current, relevant experience and/or knowledge to render a determination for the case under review.

David Hoenig, M.D.

Board Certified in Neurology
Board Certified in Pain Medicine

Board Certified in Brain Injury Medicine

Licensed in State of CA #A82847

NMR Conflict of Interest Attestation:

NMR attests to the fact that there is no conflict of interest with this review for referring entity, benefit plan, enrollee/consumer, attending provider, facility, drug, device or procedure. NMR attests that its compensation is not dependent on the specific outcome of this review or has had any involvement with this case prior to this referral.



CLAIM#:

DOI:

040519008736

02/15/2019

INSURED:

Biotelemetry, Inc.

CARRIER/TPA:

Chubb & Son (WC) - Los Angeles, CA /

CLAIMANT:

Jonathan Shockley

ADJUSTER:

Mario Castro

CORVEL#:

139249073-UMO-33

Determination Date:

11/13/2020

RFA Received Date:

11/09/2020

Provider:

Babak Jamasbi, MD

Pre-cert #:

139249073-UMO-33

MyMatrixx-ESI Phone:

866-672-2482

Escalations:

Phone: 877-292-1226

Email:

wcmppafolder@express-

scripts.com

Network:

CorVel Corporation has been asked to review the below noted treatment request for medical necessity and appropriateness. After careful review of the submitted medical information, the requested treatment has been certified. The certification decision was made on 11/13/2020 and is summarized below:

MEDICATION											
Determination	Name of Medication	Dosage	# of Refills	Brand Name	Effective Date	Termination Date	Facility	Provider			
Requested	Voltaren 1% Gel	#100	1	No							
Certified	Voltaren 1% Gel Dispense Generic	#100	1	No	11/13/20	1/13/21					
Requested	Lidocaine 5% ointment	#60	1	No							
Certified	Lidocaine 5% ointment Dispense Generic	#60	1	No	11/13/20	1/13/21					

CorVel Corporation hours of operation are from 8:30 a.m. to 5:30 p.m. PST, Monday through Friday.

Please note this review has been done in accordance with California Labor Code Section 4610 and the California Medical Treatment Utilization Schedule has been utilized in the determination process as required in Title 8, California Code of Regulation 9792.6.1

Sincerely,



Wendy Judd, RN
Utilization Management Department
cc: Office Copy

Mario Castro

Jonathan Shockley

Farber & Co

Colantoni, Coll Marren, Phillips and

Hulbert, Barbara

NOTE

Please attach a copy of this recommendation letter with your bill; otherwise, payment may be delayed.



CLAIM#:

040519008736

INSURED:

CARRIER/TPA:

Biotelemetry, Inc.

DOI: 02/15/2019

Chubb & Son (WC) - Los Angeles, CA /

CLAIMANT:

Jonathan Shockley ADJUSTER: Mario Castro

CORVEL#:

139249073-UMO-32

Determination Date:

10/05/2020

RFA Received Date:

09/29/2020

Provider:

Babak Jamasbi, MD

Pre-cert #:

139249073-UMO-32

MyMatrixx ESI Phone: 866-672-2482 Escalations: Phone:877-292-1226

Network:

Email: wcmppafolder@express-scripts.com

CorVel Corporation has been asked to review the below noted treatment request for medical necessity and appropriateness. After careful review of the submitted medical information, the requested treatment has been certified. The certification decision was made on 10/05/2020 and is summarized below:

MEDICATION										
Determination	Name of Medication	Dosage	# of Refills	Brand Name	Effective Date	Termination Date	Facility	Provider		
Requested	Lidocaine 5% Ointment	#60		No						
Certified	Lidocaine 5% Ointment (Dispense generic)	#60		No	10/5/20	11/5/20				
Requested	Voltaren 1% Gel	#1		No						
Certified	Voltaren 1% Gel (Dispense generic)	#1	0	No	10/5/20	11/5/20				

CorVel Corporation hours of operation are from 8:30 a.m. to 5:30 p.m. PST, Monday through Friday.

Please note this review has been done in accordance with California Labor Code Section 4610 and the California Medical Treatment Utilization Schedule has been utilized in the determination process as required in Title 8, California Code of Regulation 9792.6.1

Sincerely,

Elena Vega, UR Nurse Case Manager Utilization Management Department



cc: Office Copy

Mario Castro

Jonathan Shockley

Farber & Co

Colantoni, Coll Marren, Phillips and

Hulbert, Barbara

NOTE

Please attach a copy of this recommendation letter with your bill; otherwise, payment may be delayed.



CLAIM#:

040519008736

INSURED:

Biotelemetry, Inc.

DOI:

02/15/2019

CARRIER/TPA:

Chubb & Son (WC) - Los Angeles, CA /

CLAIMANT:

Jonathan Shockley

ADJUSTER:

Mario Castro

CORVEL#:

139249073-UMO-31

Determination Date:

09/28/2020

RFA Received Date:

09/21/2020

Provider:

Babak Jamasbi, MD

Pre-cert #:

139249073-UMO-31

MyMatrixx ESI Phone:866-672-2482 Escalations: Phone:877-292-1226

Email: wcmppafolder@express-scripts.com

Network:

CorVel Corporation has been asked to review the below noted treatment request for medical necessity and appropriateness. After careful review of the submitted medical information, the requested treatment has been certified. The certification decision was made on 09/28/2020 and is summarized below:

MEDICATION	MEDICATION										
Determination	Name of Medication	Dosage	# of Refills	Brand Name	Effective Date	Termination Date	Facility	Provider			
Requested	Gabapentin	300mg #30		No							
Certified	Gabapentin (Dispense generic)	300mg #30	0	No	9/28/20	10/28/20					
Requested	Lidocaine 5% Ointment	#60		No							
Certified	Lidocaine 5% Ointment (Dispense generic)	#60	0	No	9/28/20	10/28/20					
Requested	Voltaren 1% Gel	#1		No							
Certified	Voltaren 1% Gel (Dispense generic)	#1	0	No	9/28/20	10/28/20					

CorVel Corporation hours of operation are from 8:30 a.m. to 5:30 p.m. PST, Monday through Friday.

Please note this review has been done in accordance with California Labor Code Section 4610 and the California Medical Treatment Utilization Schedule has been utilized in the determination process as required in Title 8, California Code of Regulation 9792.6.1



Sincerely,

Elena Vega, UR Nurse Case Manager Utilization Management Department

cc: Office Copy

Mario Castro

Jonathan Shockley

Farber & Co

Colantoni, Coll Marren, Phillips and

Hulbert, Barbara

NOTE

Please attach a copy of this recommendation letter with your bill; otherwise, payment may be delayed.



CLAIM#:

DOI:

040519008736

02/15/2019

INSURED:

Biotelemetry, Inc.

CARRIER/TPA:

Chubb & Son (WC) - Los Angeles, CA /

CLAIMANT: CORVEL#: Jonathan Shockley

139249073-UMO-30

ADJUSTER:

Mario Castro

Determination Date:

09/17/2020

RFA Received Date:

09/11/2020

Provider:

Babak Jamasbi, MD

Pre-cert #:

139249073-UMO-30

Network:

Physical Medicine - PT, OT, Chiropractic, Acupuncture:

One Call PT / OCM Phone: 866-389-0211 Fax: 904-998-0299

Email: PT@onecallcm.com Online: myeasyreferral.com

CorVel Corporation has been asked to review the below noted treatment request for medical necessity and appropriateness. After careful review of the submitted medical information, the requested treatment has been certified. The certification decision was made on 09/17/2020 and is summarized below:

THERAPY	THERAPY												
Determination	Type of Therapy	Total # Visits	Total Visits/ Week	Total Weeks	Body Part	CPT	Effective Date	Termination Date	Facility	Provider			
Requested	Aquatic Therapy	6			Left - Elbow, Left - Wrist(s) & Hand(s), Right - Elbow, Right - Wrist(s) & Hand(s)	97113							
Certified	Aquatic Therapy	6			Left - Elbow, Left - Wrist(s) & Damp; Hand(s), Right - Elbow, Right - Wrist(s) & Damp; Hand(s)	97113	9/17/20	3/17/21					

CorVel Corporation hours of operation are from 8:30 a.m. to 5:30 p.m. PST, Monday through Friday.



Please note this review has been done in accordance with California Labor Code Section 4610 and the California Medical Treatment Utilization Schedule has been utilized in the determination process as required in Title 8, California Code of Regulation 9792.6.1

Sincerely,

Ann Collier, RN Utilization Management Department

cc:

Office Copy

Mario Castro

Jonathan Shockley

Farber & Co

Colantoni, Coll Marren, Phillips and

NOTE

Please attach a copy of this recommendation letter with your bill; otherwise, payment may be delayed.



CLAIM #:

DOI:

040519008736

INSURED:

Biotelemetry, Inc.

02/15/2019

Chubb & Son (WC) - Los Angeles, CA /

CLAIMANT:

Jonathan Shockley

ADJUSTER:

CARRIER/TPA:

Mario Castro

CORVEL#:

139249073-UMO-29

Determination Date:

09/15/2020

RFA Received Date:

09/08/2020

Provider:

Babak Jamasbi, MD

Pre-cert #:

139249073-UMO-29

MyMatrixx ESI Phone:866-672-2482 Escalations: Phone:877-292-1226

Network:

Email: wcmppafolder@express-scripts.com

CorVel Corporation has been asked to review the below noted treatment request for medical necessity and appropriateness. After careful review of the submitted medical information, the requested treatment has been certified. The certification decision was made on 09/15/2020 and is summarized below:

MEDICATION									
Determination	Name of Medication	Dosage	# of Refills	Brand Name	Effective Date	Termination Date	Facility	Provider	
Requested	Gabapentin	300mg #30		No					
Certified	Gabapentin (Dispense generic)	300mg #30	0	No	9/15/20	10/15/20			
Requested	Lidocaine 5% ointment	#60		No					
Certified	Lidocaine 5% ointment (Dispense generic)	#60	0	No	9/15/20	10/15/20			
Requested	Voltaren 1% Gel	#1		No					
Certified	Voltaren 1% Gel (Dispense generic)	#1	0	No	9/15/20	10/15/20			

CorVel Corporation hours of operation are from 8:30 a.m. to 5:30 p.m. PST, Monday through Friday.

Please note this review has been done in accordance with California Labor Code Section 4610 and the California Medical Treatment Utilization Schedule has been utilized in the determination process as required in Title 8, California Code of Regulation 9792.6.1



Sincerely,

Elena Vega, UR Nurse Case Manager Utilization Management Department

cc: Office Copy

Mario Castro

Jonathan Shockley

Farber & Co

Colantoni, Coll Marren, Phillips and

Hulbert, Barbara

NOTE

Please attach a copy of this recommendation letter with your bill; otherwise, payment may be delayed.



CLAIM #:

040519008736

INSURED:

Biotelemetry, Inc.

DOI:

02/15/2019

CARRIER/TPA:

Chubb & Son (WC) - Los Angeles, CA /

CLAIMANT: CORVEL #:

Jonathan Shockley 139249073-UMO-28 ADJUSTER:

Mario Castro

09/02/2020

RFA Received Date:

Determination Date:

08/26/2020

Provider:

Babak Jamasbi, MD

Pre-cert #:

139249073-UMO-28

MyMatrixx ESI Phone:866-672-2482 Escalations: Phone:877-292-1226

Network:

Email: wcmppafolder@express-scripts.com

CorVel Corporation has been asked to review the below noted treatment request for medical necessity and appropriateness. After careful review of the submitted medical information, the requested treatment has been certified. The certification decision was made on 09/02/2020 and is summarized below:

MEDICATION									
Determination	Name of Medication	Dosage	# of Refills	Brand Name	Effective Date	Termination Date	Facility	Provider	
Requested	Lidocaine ointment	5% #60	0	No					
Certified	Lidocaine ointment (Dispense generic)	5% #60	0	No	9/2/20	10/2/20			
Requested	Voltaren gel	1% #1	0	No					
Certified	Voltaren gel (Dispense generic)	1% #1	0	No	9/2/20	10/2/20			

CorVel Corporation hours of operation are from 8:30 a.m. to 5:30 p.m. PST, Monday through Friday.

Please note this review has been done in accordance with California Labor Code Section 4610 and the California Medical Treatment Utilization Schedule has been utilized in the determination process as required in Title 8, California Code of Regulation 9792.6.1

Sincerely,

Elena Vega, UR Nurse Case Manager Utilization Management Department



cc: Office Copy

Mario Castro

Jonathan Shockley

Farber & Co

Colantoni, Coll Marren, Phillips and

Hulbert, Barbara

NOTE

Please attach a copy of this recommendation letter with your bill; otherwise, payment may be delayed.



CLAIM#:

040519008736

DOI:

02/15/2019

INSURED:

Biotelemetry, Inc.

CARRIER/TPA:

Chubb & Son (WC) - Los Angeles, CA /

CLAIMANT: CORVEL#: Jonathan Shockley

139249073-UMO-26

ADJUSTER:

Mario Castro

Determination Date:

08/17/2020

RFA Received Date:

08/11/2020

Provider:

Babak Jamasbi, MD

Pre-cert #:

139249073-UMO-26

Network:

Pharmacy:

myMatrixx - ESI

Phone: 866-672-2482

Escalations Phone: 877-292-1226

Email: wcmppafolder@express-scripts.com

CorVel Corporation has been asked to review the below noted treatment request for medical necessity and appropriateness. After careful review of the submitted medical information, the requested treatment has been certified. The certification decision was made on 08/17/2020 and is summarized below:

MEDICATION									
Determination	Name of Medication	Dosage	# of Refills	Brand Name	Effective Date	Termination Date	Facility	Provider	
Requested	Lidocaine 5% Ointment	QTY 60		No					
Certified	Lidocaine 5% Ointment (dispense generic)	QTY 60		No	8/17/20	9/17/20			
Requested	Voltaren 1%Gel	QTY 1		No					
Certified	Voltaren 1% Gel (dispense generic)	QTY 1		No	8/17/20	9/17/20			

CorVel Corporation hours of operation are from 8:30 a.m. to 5:30 p.m. PST, Monday through Friday.

Please note this review has been done in accordance with California Labor Code Section 4610 and the California Medical Treatment Utilization Schedule has been utilized in the determination process as required in Title 8, California Code of Regulation 9792.6.1



Sincerely,

Ann Collier, RN Utilization Management Department

cc: Office Copy

Mario Castro

Jonathan Shockley

Farber & Co

Christian Charles Colantoni

NOTE

Please attach a copy of this recommendation letter with your bill; otherwise, payment may be delayed.



CLAIM #:

DOI:

040519008736

02/15/2019

INSURED:

Biotelemetry, Inc.

CARRIER/TPA:

Chubb & Son (WC) - Los Angeles, CA /

CLAIMANT:

Jonathan Shockley

ADJUSTER:

Mario Castro

CORVEL#:

139249073-UMO-22

Determination Date:

06/11/2020

RFA Received Date:

06/04/2020

Provider:

Babak Jamasbi, MD

Pre-cert #:

139249073-UMO-22

Pharmacy:

myMatrixx - ESI Phone: 866-672-2482

Escalations:

Phone: 877-292-1226

Email:

wcmppafolder@express-scripts.com

Network:

CorVel Corporation has been asked to review the below noted treatment request for medical necessity and appropriateness. After careful review of the submitted medical information, the requested treatment has been certified. The certification decision was made on 6/11/20 and is summarized below:

MEDICATION								
Determination	Name of Medication	Dosage	# of Refills	Brand Name	Effective Date	Termination	Facility	Provider
Requested	Lidocaine ointment	5% 60g	0	No				
Certified	Lidocaine ointment (Dispense Generic)	5% 60g	0	No	6/11/20	7/11/20		
Requested	Voltaren gel	1% #1	1	No				
Certified	Voltaren gel Dispense Generic)	1% #1	1	No	6/11/20	8/11/20		

CorVel Corporation hours of operation are from 8:30 a.m. to 5:30 p.m. PST, Monday through Friday.

Please note this review has been done in accordance with California Labor Code Section 4610 and the California Medical Treatment Utilization Schedule has been utilized in the determination process as required in Title 8, California Code of Regulation 9792.6.1



Sincerely,

Linda Dinerman, RN Utilization Management Department

cc:

Office Copy

Mario Castro

Jonathan Shockley

Farber & Co

Christian Charles Colantoni

Hulbert, Barbara

NOTE

Please attach a copy of this recommendation letter with your bill; otherwise, payment may be delayed.



Certification Recommendation

CLAIM#:

040519008736

DOI:

02/15/2019

INSURED:

Biotelemetry, Inc.

CARRIER/TPA:

Chubb & Son (WC) - Los Angeles, CA /

CLAIMANT: CORVEL#:

Jonathan Shockley

139249073-UMO-21

ADJUSTER:

Mario Castro

Determination Date:

06/10/2020

RFA Received Date:

06/04/2020

Provider:

Babak Jamasbi, MD

Pre-cert #:

139249073-UMO-21

One Call PT / OCM

Phone:

866-389-0211 904-998-0299

Fax:

PT@onecallcm.com

Email: Online:

myeasyreferral.com

Network:

CorVel Corporation has been asked to review the below noted treatment request for medical necessity and appropriateness. After careful review of the submitted medical information, the requested treatment has been certified. The certification decision was made on 06/10/2020 and is summarized below:

THERAPY										
Determination	Type of Therapy	Total # Visits	Total Visits/ Week	Total Weeks	Body Part	CPT	Effective Date	Termination Date	Facility	Provider
Requested	Acupuncture	12	0	0	Left - Lower Arm, Right - Lower Arm	97813, 97814, 97026, 97124				
Certified	Acupuncture	12	0	0	Left - Lower Arm, Right - Lower Arm	97813, 97814, 97026, 97124	6/10/20	12/10/20		

CorVel Corporation hours of operation are from 8:30 a.m. to 5:30 p.m. PST, Monday through Friday.

Please note this review has been done in accordance with California Labor Code Section 4610 and the California Medical Treatment Utilization Schedule has been utilized in the determination process as required in Title 8, California Code of Regulation 9792.6.1



Sincerely,

Wendy Judd, RN
Utilization Management Department
cc: Office Copy

Mario Castro

Jonathan Shockley

Farber & Co

Christian Charles Colantoni

NOTE

Please attach a copy of this recommendation letter with your bill; otherwise, payment may be delayed.



Certification Recommendation

CLAIM#:

DOI:

040519008736

INSURED:

Biotelemetry, Inc.

02/15/2019

CARRIER/TPA:

Chubb & Son (WC) - Los Angeles, CA /

CLAIMANT: CORVEL#:

Jonathan Shockley 139249073-UMO-17 ADJUSTER:

Mario Castro

05/01/2020

RFA Received Date:

Determination Date:

04/27/2020

Provider:

Babak Jamasbi, MD

Pre-cert #:

139249073-UMO-17

MyMatrixx-ESI Phone:

866-672-2482

Escalations:

877-292-1226

Email:

wcmppafolder@express-

scripts.com

Network:

CorVel Corporation has been asked to review the below noted treatment request for medical necessity and appropriateness. After careful review of the submitted medical information, the requested treatment has been certified. The certification decision was made on 05/01/2020 and is summarized below:

MEDICATION	Ŋ							
Determination	Name of Medication	Dosage	# of Refills	Brand Name	Effective Date	Termination Date	Facility	Provider
Requested	Voltaren 1% Gel	#1	1	No				
Certified	Voltaren 1% Gel Dispense Generic	#1	1	No	5/1/20	7/1/20		
Requested	Lidocaine 5% Ointment	#60		No				
Certified	Lidocaine 5% Ointment Dispense Generic	#60	0	No	5/1/20	6/1/20	***************************************	

CorVel Corporation hours of operation are from 8:30 a.m. to 5:30 p.m. PST, Monday through Friday.

Please note this review has been done in accordance with California Labor Code Section 4610 and the California Medical Treatment Utilization Schedule has been utilized in the determination process as required in Title 8, California Code of Regulation 9792.6.1

Sincerely,



Wendy Judd, RN
Utilization Management Department
cc: Office Copy

Mario Castro

Jonathan Shockley

Farber & Co

Christian Charles Colantoni

NOTE

Please attach a copy of this recommendation letter with your bill; otherwise, payment may be delayed.



Claims Examiner Authorization

CLAIM #:

040519008736

INSURED:

Biotelemetry, Inc.

DOI:

02/15/2019

CARRIER/TPA:

Chubb & Son (WC) - Los Angeles, CA /

CLAIMANT:

Jonathan Shockley

ADJUSTER:

Mario Castro

CORVEL#:

139249073-UMO-24

Determination Date:

06/23/2020

RFA Received Date:

06/19/2020

Provider:

Babak Jamasbi, MD

Pre-Cert #:

139249073-UMO-24

Network:

N/A

The below request is **AUTHORIZED**. The decision was made on 6/23/20 and is summarized below:

CONSULT					
Determination	Type of Consult	Effective Date	Termination Date	Facility	Provider
Requested	Surgical consult for bilateral elbows	6/23/20	12/23/20		
Certified	Surgical consult for bilateral elbows	6/23/20	12/23/20		

Claims Examiner: Mario Castro Contact Information: (213) 612-0880

Hours of operation: 8:30 am to 5:30 pm, M-F

NOTE

Please attach a copy of this recommendation letter with your bill; otherwise, payment may be delayed.

CHUBB°

Date: 08/18/2020

Delivery Method:

Name:

Babak Jamasbi, MD

Address:

1335 Stanford Ave., Emeryville, CA 94608

Attention:

Babak Jamasbi, MD

Re:

WRITTEN DECISION DEFERRING UTILIZATION REVIEW OF REQUESTED OCCUPATIONAL INJURY OR RECOMMENDED

TREATMENT

Provider:

Babak Jamasbi, MD

Claimant:

Jonathan Shockley

ClaimNumber:

040519008736

Date of Loss:

02/15/2019

Dear Sir / Madame:

This letter is being written pursuant to Title 8, Section 9792.9.2, "Utilization Review Standards". A Request for Authorization, DWC Form RFA, has been received as follows:

- (A) Provider's Name: Babak Jamasbi, MD
- (B) DWC Form RFA was first received on: 08/13/2020
- (C) Proposed medical treatment for which authorization was requested:

Trigger Point Injections, Surgical Consult for the Neck

Chubb Indemnity Insurance Company disputes liability for the injury, claimed body part or parts, or the recommended treatment as follows: Cervical spine and trapezius muscles. As a result, a utilization review determination the above requested treatment being deferred.

Please be advised that in accordance with the applicable Utilization Review Standards and associated administrative rules: "Any dispute under this subdivision shall be resolved either by agreement of the parties or through the dispute resolution process of the Workers' Compensation Appeals Board.

TO THE INJURED WORKER:

"You have a right to disagree with decisions affecting your claim. If you have questions about the information in this notice, please call me Mario Castro at (213) 612-0880. However, if you are represented by an attorney, please contact your attorney instead of me."

And,

"For information about the workers' compensation claims process and your rights and obligations, go to www.dwc.ca.gov or contact an information and assistance (I&A) officer of the state Division of Workers' Compensation. For recorded information and a list of offices, call toll-free 1-800-736-7401."

Thank you for your anticipated cooperation.

Sincerely,

Mario Castro

Claims Specialist

Phone: (213) 612-0880

Copies: Jonathan Shockley

Co Farber &



Date: 06/08/2020

Delivery Method:

Name:

Babak Jamasbi, MD

Address:

1335 Stanford Ave., Emeryville, CA 94608

Attention:

Bembem G.

Re:

WRITTEN DECISION DEFERRING UTILIZATION REVIEW OF REQUESTED OCCUPATIONAL INJURY OR RECOMMENDED

TREATMENT

Provider:

Babak Jamasbi, MD

Claimant:

Jonathan Shockley

ClaimNumber:

040519008736

Date of Loss:

02/15/2019

Dear Sir / Madame:

This letter is being written pursuant to Title 8, Section 9792.9.2, "Utilization Review Standards". A Request for Authorization, DWC Form RFA, has been received as follows:

- (A) Provider's Name: Babak Jamasbi, MD
- (B) DWC Form RFA was first received on: 06/04/2020
- (C) Proposed medical treatment for which authorization was requested:
 Acupuncture x12 to bilateral upper arms and Surgical consult for the neck with Dr. Paul Slosar

Chubb Indemnity Insurance Company disputes liability for the injury, claimed body part or parts, or the recommended treatment as follows: Neck, bilateral upper arms. As a result, a utilization review determination the above requested treatment being deferred.

Please be advised that in accordance with the applicable Utilization Review Standards and associated administrative rules: "Any dispute under this subdivision shall be resolved either by agreement of the parties or through the dispute resolution process of the Workers' Compensation Appeals Board.

TO THE INJURED WORKER:

"You have a right to disagree with decisions affecting your claim. If you have questions about the information in this notice, please call me Mario Castro at (213) 612-0880. However, if you are represented by an attorney, please contact your attorney instead of me."

And,

"For information about the workers' compensation claims process and your rights and obligations, go to www.dwc.ca.gov or contact an information and assistance (I&A) officer of the state Division of Workers' Compensation. For recorded information and a list of offices, call toll-free 1-800-736-7401."

Thank you for your anticipated cooperation.

Sincerely,

Mario Castro

Claims Specialist

Phone: (213) 612-0880

Copies: Jonathan Shockley

Co Farber &



NOTICE OF DEFERRED RFA

Date: 6/23/2020

Requesting provider: Babak Jamasbi, MD

Address: 1335 Stanford Ave.

City, State, Zip: Emeryville, CA 94608

Re: Jonathan Shockley

Employer: Biotelemetry, Inc. Claim No.: 040519008736 Date of Injury: 02/15/2019

Dear Provider,

Chubb Corporation administers the above claim. Your <u>Request for Authorization is deferred</u> in accordance with California Code of Regulations 9792.9.1 (3)(b).

Receipt Date: 06/19/2020

Service(s) Request: Only top portion of RFA received. If you have not done so already please re-fax complete rfa to the number below.

Reason: RFA form is required with all treatment request, please resubmit by fax with a RFA form to (213) 612-5785.

Note to Employee: disputes regarding the above shall be resolved either by agreement of the parties or through the dispute resolution process of the Worker's Compensation Appeals Board. You have a right to disagree with decision affecting your claim. If you have questions about the information in this notice, please call me (213) 612-0880. However, if you are represented by an attorney, please contact your attorney. For information about the worker's compensation claims process and your rights and obligation, go to www.dwc.ca.gov or contact an information and assistance (I&A) officer of the Division of Worker's Compensation. For recorded information and a list of offices, call toll-free 1-800-736-7401.

Sincerely,

Mario Castro Claims Specialist (213) 612-5785 fax

Enclosure:



NOTICE OF DEFERRED RFA

Date: 6/8/2020

Requesting provider: Babak Jamasbi, MD

Address: 1335 Stanford Ave.

City, State, Zip: Emeryville, CA 94608

Re: Jonathan Shockley

Employer: Biotelemetry, Inc. Claim No.: 040519008736 Date of Injury: 02/15/2019

Dear Provider,

Chubb Corporation administers the above claim. Your <u>Request for Authorization is deferred</u> in accordance with California Code of Regulations 9792.9.1 (3)(b).

Receipt Date: 06/05/2020 DOS: 5/29/2020

Service(s) Request: Lidocaine 5% # 60

Reason: RFA form is required with all treatment request, please resubmit by fax with a RFA form to (213) 612-5785.

Note to Employee: disputes regarding the above shall be resolved either by agreement of the parties or through the dispute resolution process of the Worker's Compensation Appeals Board. You have a right to disagree with decision affecting your claim. If you have questions about the information in this notice, please call me (213) 612-0880. However, if you are represented by an attorney, please contact your attorney. For information about the worker's compensation claims process and your rights and obligation, go to www.dwc.ca.gov or contact an information and assistance (I&A) officer of the Division of Worker's Compensation. For recorded information and a list of offices, call toll-free 1-800-736-7401.

Sincerely,

Mario Castro Claims Specialist (213) 612-5785 fax

Enclosure:



NOTICE OF DEFERRED RFA

Date: 5/26/2020

Requesting provider: Melissa Kwon, MD Address: 1100 Van Ness Ave., # Level 4 City, State, Zip: San Francisco, CA 94109

Re: Jonathan Shockley

Employer: Biotelemetry, Inc. Claim No.: 040519008736 Date of Injury: 02/15/2019

Dear Provider,

Chubb Corporation administers the above claim. Your <u>Request for Authorization is deferred</u> in accordance with California Code of Regulations 9792.9.1 (3)(b).

Receipt Date: 05/26/2020 DOS: 5/20/2020 **Service(s) Request**: Pennsaid 20MG/G (2%) #112

Reason: RFA form is required with all treatment request, please resubmit by fax with a RFA form to (213) 612-5785.

Note to Employee: disputes regarding the above shall be resolved either by agreement of the parties or through the dispute resolution process of the Worker's Compensation Appeals Board. You have a right to disagree with decision affecting your claim. If you have questions about the information in this notice, please call me (213) 612-0880. However, if you are represented by an attorney, please contact your attorney. For information about the worker's compensation claims process and your rights and obligation, go to www.dwc.ca.gov or contact an information and assistance (I&A) officer of the Division of Worker's Compensation. For recorded information and a list of offices, call toll-free 1-800-736-7401.

Sincerely,

Mario Castro Claims Specialist (213) 612-5785 fax

Enclosure:

MEDICATION	ATION														
Service	Consultation Control	Determination	Type of Medication	Name of Medication	Dosage	# of Refils	Brand	Diagnosis	Facility	Provider	Net Tx. Req.	Net. Tx. Details	Eff. Date	End Date	Determination Notes
UMO-33 CA	11/13/20	Certified		Voltaren 1% Gel Dispense Generic	#100	L :	O _N				Yes	MyMatrix x-ESI Phone: 866-672- 2482	11/13/20	1/13/21	
UMO-33 CA	11/13/20	Certified		Lidocaine 5% ointment Dispense Generic	09#	~	ON ON				Yes	MyMatrix x-ESI Phone: 866-672- 2482	11/13/20	1/13/21	
UMO-32 CA	10/5/20	Certified		Voltaren 1% Gel	#1	0	NO ON				Yes	MyMatrix x ESI Phone:86 6-672-2482 Escalation	10/5/20	11/5/20	
UMO-32 CA		Certified		Lidocaine 5% Ointment	09#		O _N		1		Yes	MyMatrix x ESI Phone:86 6-672-2482 Escalation	10/5/20	11/5/20	
UMO-31 CA		Certified		Voltaren 1% Gel	#1	0	ON				Yes	MyMatrix x ESI Phone:86 6-672- 2482 Escalation	9/28/20	10/28/20	
UMO-31 CA		Certified		Lidocaine 5% Ointment	09#	0	NO	,			Yes	MyMatrix x ESI Phone:86 6-672- 2482 Escalation	9/28/20	10/28/20	
UMO-31 CA	9/28/20	Certified		Gabapentin	300mg #30	0	No				Yes	MyMatrix x ESI Phone:86 6-672- 2482 Escalation	9/28/20	10/28/20	Receiv 12/28/20 Pacific Works
															red 20 ers'

Page 2 of 7

Utilization Review Determination Report Claim: 040519008736 Claimant: Jonathan Shockley

							Received 12/28/2020 Pacific Workers'
10/15/20	10/15/20	10/15/20	10/2/20	10/2/20	9/17/20	9/17/20	8/11/20
9/15/20	9/15/20	9/15/20	9/2/20	9/2/20	8/17/20	8/17/20	6/11/20
MyMatrix x ESI Phone:86 6-672-2482 Escalation	MyMatrix x ESI Phone:86 6-672- 2482 Escalation	MyMatrix x ESI Phone:86 6-672- 2482 Escalation	MyMatrix x ESI Phone:86 6-672- 2482 Escalation	MyMatrix x ESI Phone:86 6-672- 2482 Escalation	myMatríx x - ESI	myMatrix x - ESI	Pharmacy : myMatrix x - ESI Phone: 866-672- 2482
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
NO No	ON	ON .	O _N	ON	N O	No	O _N
0	0	0	0	0			1
#1	09#	300mg #30	1% #1	2% #60	QTY 1	QTY 60	1% #1
Voltaren 1% Gel	Lidocaine 5% ointment	Gabapentin	Voltaren gel	Lidocaine ointment	Voltaren 1% Gel (dispense generic)	Lidocaine 5% Ointment (dispense	Voltaren gel Dispense Generic)
				7	70	70	G.
Certified	Certified	Certified	Certified	Certified	Certified	Certified	Certified
9/15/20	9/15/20	9/15/20	9/2/20	9/2/20	8/17/20	8/17/20	6/11/20
UMO-29 CA	UMO-29 CA	UMO-29 CA	UMO-28 CA	UMO-28 CA	UMO-26 CA	UMO-26 CA	UMO-22 CA

Page 3 of 7

Utilization Review Determination Report Claim: 040519008736 Claimant: Jonathan Shockley

						Received 12/28/2020 Pacific Workers'
			·			
7/11/20	6/1/20	7/1/20	5/3/20	5/10/20	3/7/20	
6/11/20	5/1/20	5/1/20	4/3/20	3/10/20	2/7/20	
Pharmacy: : myMatrix x - ESI Phone: 866-672-	MyMatrix x-ESI Phone: 866-672- 2482	MyMatrix x-ESI Phone: 866-672- 2482	Per CA MTUS/AC OEM/OD G/MD Guideline s & medical	Pharmacy : myMatrix x - ESI Phone: 866-672-	MyMatrix x ESI Phone:86 6-672-2482 Escalation	
Yes	Yes	Yes	Yes	Yes	Yes	
	M70.832	M70.832	M70.832, M70.831, M70.822, M70.821, Z79.899	M70.832, M70.831, M70.822, M70.821, Z79.899		
ON ON	O Z	S .	S 2	O Z	OZ.	
0	0	н	0	н	0	
5% 60g	09#	#1	09#	1	#1	
Lidocaine ointment (Dispense Generic)	Lidocaine 5% Ointment Dispense Generic	Voltaren 1% Gel Dispense Generic	Lidocaine 5% Ointment	Voltaren 1% Gel (Dispense Generic)	Voltaren Gel 1%	
Certified	Certified	Certified	Certified	Certified	Certified	
6/11/20	5/1/20	5/1/20	4/3/20	3/10/20	2/7/20	
				UMO-13 CA	UMO-11 CA	THERAPY

Received 2/28/2020 c Workers'

Determi nation Notes	Acupun cture x6 for cervical spine, bilateral upper arms, right forearm , ulnar nerve lesion for unspecified limb		Rec 12/28 Pacific Wo
End Date	11/20/21	3/17/21	7/21/21
Eff. Date	11/20/20	9/17/20	7/21/20
Net. Tx. Details		One Call	
Net. Tx. Req.		Yes	ON
Provider			
Facility			
Body Part / Diagnosis	Multiple Neck Injury, Right - Upper Arm, Left - Upper Arm, Right - Lower Arm/	Left - Elbow, Right - Elbow, Right - Wrist(s) & Hand(s), Left - Wrist(s)	Left - Hand, Right - Hand, Right - Wrist, Left - Wrist, Left - Lower Arm, Right -
Prior Approved by Corvel			
Total Weeks	0	0	0
Visits / Week	0	0	0
Total # Visits	v	٥	12
Type of Visits		Preo perat ive	Preo perat ive ive
Other Therapy Desc		Aquatic Therapy	
Type of therapy	Acupuncture 97026 Unlimited,97124 Unlimited,97813 Unlimited,97814 Unlimited	Other 97113— Unlimited	Acupuncture 97026 Unlimited,97124 - Unlimited,97813 - Unlimited,97814Unlimited
Determination	Non-Certified	Certified	Non-Certified
Determ. Date	11/20/20	9/17/20	7/21/20
Service Code	CA CA	CA CA	CA CA

				Received 12/28/2020 Pacific Workers'
12/10/20	9/10/20	8/7/20	6/6/20	5/4/20
6/10/20	3/10/20	02/1/20	12/6/19	11/4/19
One Call PT / OCM Phone: 866- 389-0211 Fax: 90	>	One Call Phone: 866-389- 02.11 Fax: 904- 998-0299	One Call PT / OCM Phone: 866- 389-0211 Fax: 90	One Call PT / OCM Phone: 866- 389-0211 Fax: 90
, es	Yes	, kes	Yes	Yes
# .	7	a. :=	1,2	
Right - Lower Arm, Left - Lower Arm/	Left - Hand, Right - Hand, Left - Lower Arm, Right - Lower Arm, Right - Wrist, Left - Wrist/	Multiple Upper Extremiti es/	Left - Hand, Right - Hand/ M70.832, M70.831	Left - Hand, Right - Hand/
0	0	0	0	0
12 0	0 0	9	9	9
Preo perat ive	Preo perat ive	Preo perat ive	Preo perat ive	Preo perat ive
		Massage Therapy		Massage
Acupuncture 97026 Unlimited,97124 Unlimited,97813 Unlimited,97814Unlimited	Acupuncture 97026— Unlimited,97124 — Unlimited,97813 — Unlimited —Unlimited	Other 97124 Unlimited	Acupuncture 97026 Unlimited,97124 Unlimited,97813 Unlimited,97814Unlimited	Other 97124
Certified	Certified	Certified		Certified
6/10/20	3/10/20	2/7/20	12/6/19	11/4/19
UMO-21 CA	UMO-12 CA	UMO-10 CA	UMO-8 CA	UMO-6 CA

		RFA Deferral	
5/4/20	11/1/19		9/11/19
	5/1/19		3/11/19
One Call PT / OCM Phone: 866- 389-0211 Fax: 90	One Call PT / OCM Phone: 866- 389-0211 Fax: 90		
Yes	Yes	O Z	O N
	Right - Hand, Left - Hand/ M79.641, M79.642	Insufficie nt Info to Properly Identify— Unclassifi ed/	-17
Left - Hand, Right - Hand/	Right Hand Left Hand M79, M79,	Insuf nt Ini Prop Ident Unck	Right -
0	1 6	0	2 6
12	9	0	12
Preo perat ive	Preo perat ive		Preo perat ive
	Hand Therapy	Hand therapy	Hand therapy, Evaluatio n and treatme nt
Acupuncture 97026 Unlimited,97124 Unlimited,97813 Unlimited,97814Unlimited	Other 97003 Unlimited,97110 - Unlimited,97112 - Unlimited,97530 -Unlimited	Other	Other
Certified	Certified	Non-Certified	Certifled
11/4/19	5/1/19	4/22/19	3/11/19
UMO-6 11/4/19 CA	UMO-4 5/1/19 CA	UMO-3 CA	UMO-1 CA

TESTING	G					Manufacture of the control of the co							
Service Code	Determ.	Determination	Type of Test	Other Testing Type of Desc Contrast	Type of Contrast	Body Part/ Diagnosis	Facility	Provider	Net. Tx. Req.		Net. Tx. Details Eff. Date	e End Date	te Determination Notes
UMO-15 CA	UMO-15 4/1/20 CA	Certified	MRI		Plain	Multiple Neck Injury/ M70.832			No		4/1/20	10/1/20	0
UMO-2 CA	4/22/19	Certified	Other	Ergonomic Evaluation at Workplace	N/A	Right - Hand, Left - Hand/			ON O		4/19/19	10/19/19	19
DME													
Service Code	Determ.	Defermination	Type of Equipment	Rental/ Purchase	If Rental, Duration	Body Part/ Diagnosis	Facility	Provider R	Net. Tx.	Net. Tx. Details	Eff. Date	End Date	Determination Notes Bio Clark
UMO-5 CA	UMO-5 5/9/19 CA	Certified	Voice Generated System	Purchase		Hand, Multiple		<i>\</i>	Yes	Per Adjuster	5/9/19	11/9/19	Voice Generated Systems 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

<u> </u>						Injury/ M70.832								
JMO-2	JMO-2 4/22/19	Certified	Other	Ergonomic Evaluation at Workplace	N/A	Right - Hand, Left - Hand/			ON		4/19/19	10/19/19	19	
ME														
ervice ode	ervice Determ.	Determination	Type of Equipment	Rental/ Purchase	If Rental, Duration	Body Part / Diagnosis	Facility	Provider	Net. Tx. Req.	Net. Tx. Details	Eff. Date	End Date	Determination Notes edition	1
IMO-5 A	5/9/19	Certified	Voice Generated System	1		Hand, Multiple Upper			Yes	Per Adjuster 5/9/19		11/9/19	Voice Generated Systems (2020)	Received
														1

CONSULT Service I Code I	oeterm. nate 3/23/20	Determination Certified		Extremities //M79.641, M79.642 Diagnosis Facility	Local	Net Tx. Net Tx Details Eff. Date No No 6/23/20	25 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	End Date Determination Notes 12/23/20	The state of the s
		-	Dilateral						
			elhows						